

Name  
in  
Full

Mrs Susan Arts

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		3	Month	4	Day	3	Age
					Years	51	Months
							Days
Sex		Female		Color or Race		White	
Birth-place		Wash Co					
<del>Married</del> or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Michael Carey			
Father's Birthplace							
Mother's Maiden Name				Susan Wolf			
Mother's Birthplace							
Name of person giving information				Miss Carey 43			
How related to deceased				Sister			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cancer of Breast	How long	1 year
Immediate	Cancer of Liver	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		V. M. Reichard M.D.	
Address		Hairplay Md	
Accident or Suicide?			



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Name *Rebecca Babylon* Town *Hagerstown* County *Wash.*

Died at *Hagerstown* *Wash.*

Date of death 190 *3* *apl.* Month *12* Day *9* Age *7* Years *7* Months *9* Days

Sex *Female* Color or Race *white* Birth-place *Ind.*

Married, Single or Widowed *single* Occupation *Child.*

Name of Wife or Husband \_\_\_\_\_

Father's Name *Charles Babylon* Father's Birthplace *Ind.*

Mother's Maiden Name *Nettie M. Shivers* Mother's Birthplace *" "*

Name of person giving information *Chas. Babylon* How related to deceased *father.*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Tuberculosis* *27* How long

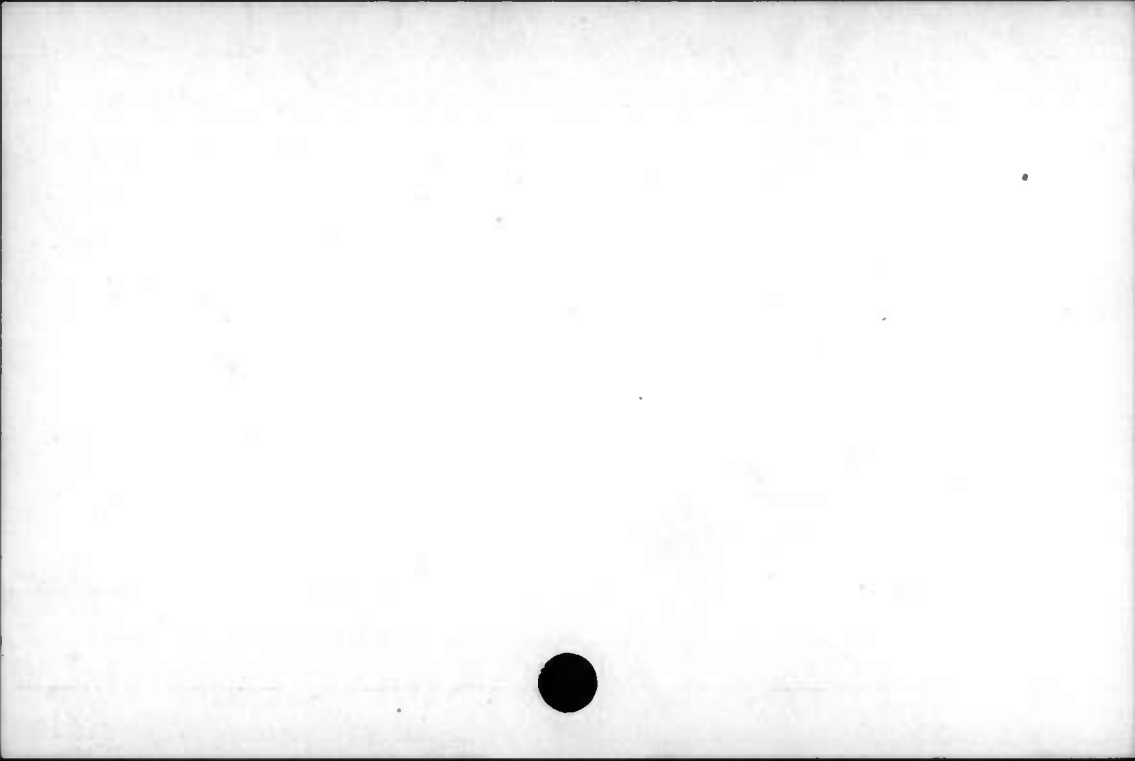
Immediate \_\_\_\_\_ How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *A. P. Trumpp*

Address

Accident or Suicide?



Name In Full

Certificate of Death

Elizabeth Bachtell

Town

County

Died at

1903

Date

Greensburg

Month

Day

Y.

M.

D.

Native of

MARYLAND

Occupation

Age

82 9 14

Md. Housewife

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Jacob Bachtell

John Fitzmyle

Mother's

Name

Barbara Fitzmyle

Primary

Influenza

Immediate

Passive pneumonia

How long sick

8 weeks

Accident, Suicide, Homicide

Dr. J. M. Stick

Smithsburg Md.



Name  
in  
Full

Mollie Barnettte

## CERTIFICATE OF DEATH

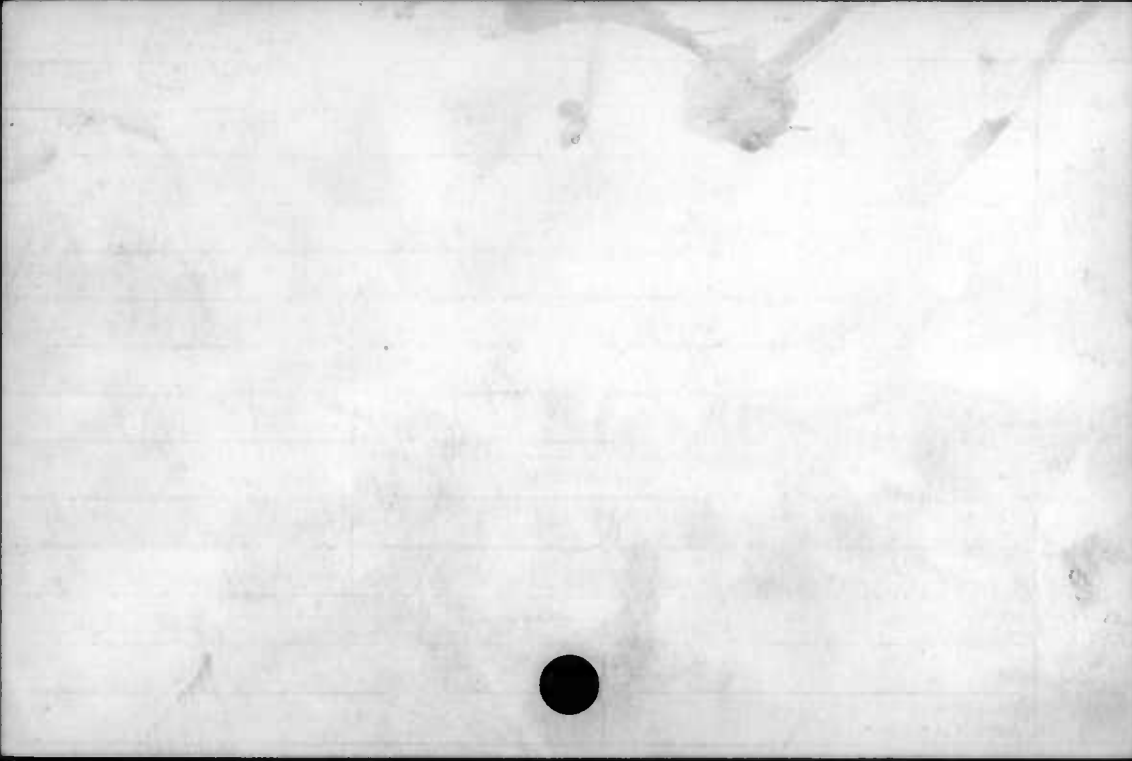
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>April</i>	Day <i>3</i>	Age <i>40</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Na</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>House work</i>				
Name of Wife or Husband <i>Benjaminie Barnettte</i>					
Father's Name <i>Don't Know</i>			Father's Birthplace <i>Don't Know</i>		
Mother's Maiden Name <i>Don't Know</i>			Mother's Birthplace <i>Don't Know</i>		
Name of person giving information <i>Neurietta Barnettte</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>Do not know</i>
Immediate <i>Consumption</i>	How long <i>Do not know</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. M. Schindel, M.D.</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide?	





Name in Full		Adam Bauer				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Hagerstown	County Wash.		MARYLAND			
		Date of death 190		Month 3 April	Day 22	Age 76		Months 4		Days 15
		Sex male		Color or Race white		Birth- place Germany.				
		Married, Single or Widowed married		Occupation Blacksmith						
		Name of Wife or Husband Catharine Bauer								
		Father's Name Not Known		Father's Birthplace						
		Mother's Maiden Name "		Mother's Birthplace						
		Name of person giving Information John Plummer 10		How related to deceased sow in law,						
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary		Grippe & cold		How long		several days		
		Immediate		Exhaustion		How long		eight weeks		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. H. O. Ryan.				
				Address		Hagerstown, Md.				
		Accident or Suicide?								



Name  
in  
Full

## CERTIFICATE OF DEATH

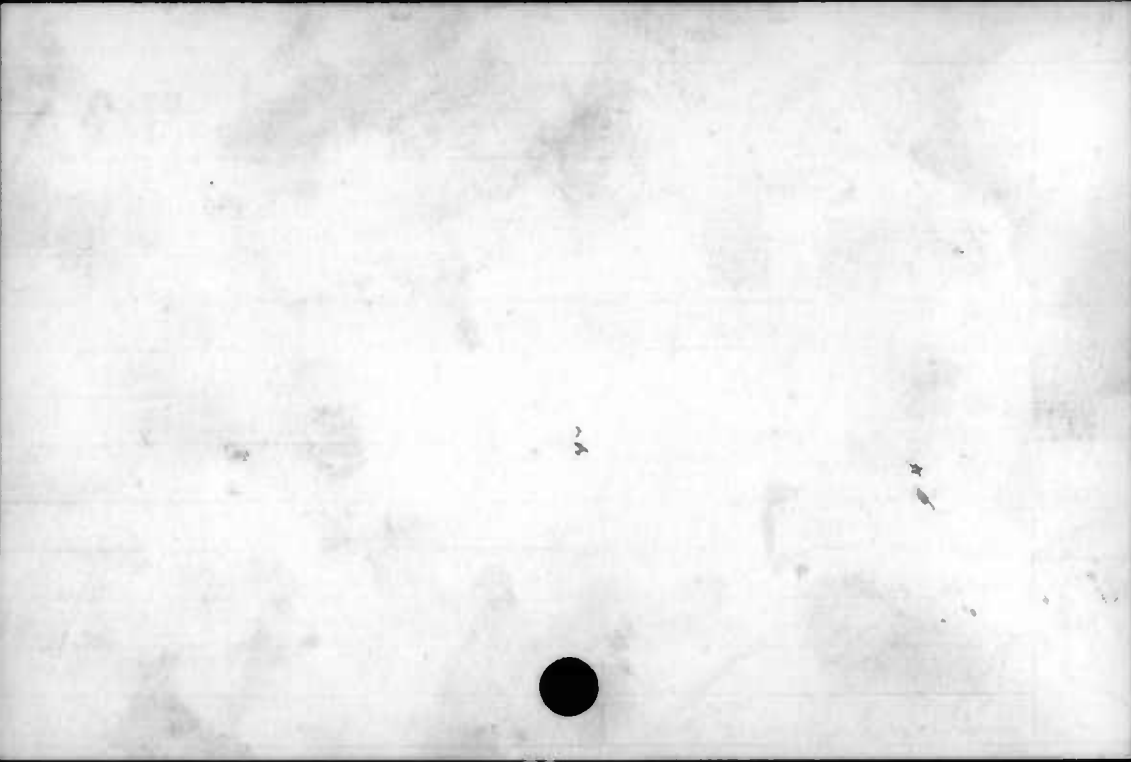
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hayes town</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>3</i> <sup>Month</sup> <i>April</i> <sup>Day</sup> <i>12</i>	Age	<i>19</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>2</i> <sup>Days</sup>
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Md</i>
Married, Single or Widowed	<i>Single</i>	Occupation	<i>Laborer</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
<i>John Benton</i>			<i>Md</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Jennie Watts</i>			<i>Md</i>		
Name of person giving information			How related to deceased		
<i>Jennie Benton</i>			<i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>Don't know</i>
Immediate	<i>Heart Failure</i>	How long	<i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. M. Schindler</i>
		Address	<i>134 W. Potomac St Hagerstown, Md</i>
Accident or Suicide?	<i>Not known</i>		



Name  
in  
Full

Catharine Koessner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death 1903	Month 4	Day 18	Age	Years 63	Months 9	Days 28	
Sex Female	Color or Race White		Birth- place Md				
Married, Single or Widowed Married		Occupation Housewife					
Name of <del>Wife or</del> Husband Jacob Koessner							
Father's Name Thomas J. Cunningham		Father's Birthplace					
Mother's Maiden Name Mary Boward		Mother's Birthplace					
Name of person giving in formation		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
~~CORONER~~

Primary	Apoplexy		How long	Died suddenly	
Immediate	—		How long	—	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician		J. McPherson
			Address		Hagerstown
Accident or Suicide?		No			

Jan

1903- 4- 18  
1839- 5- 20

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63-9-28

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*C. C. Bagg*

Town *Quasquetown* County *Wash*

Died at *Quasquetown*

Date of death 1903 *Apr.* Month *17* Day *65* Age *65* Years Months Days

Sex *male* Color or Race *white* Birth-place *Virginia*

Married, Single or Widowed *widowed* Occupation *Laborer*

Name of Wife or Husband *✓*

Father's Name *James W. Bagg* Father's Birthplace *Perquimans*

Mother's Maiden Name *Rachel C. Bagg* Mother's Birthplace *call do in Virginia*

Name of person giving information *John Reece* How related to deceased *No Relation*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *27* How long

Immediate *Pulmonary Tuberculosis* How long *2 weeks*

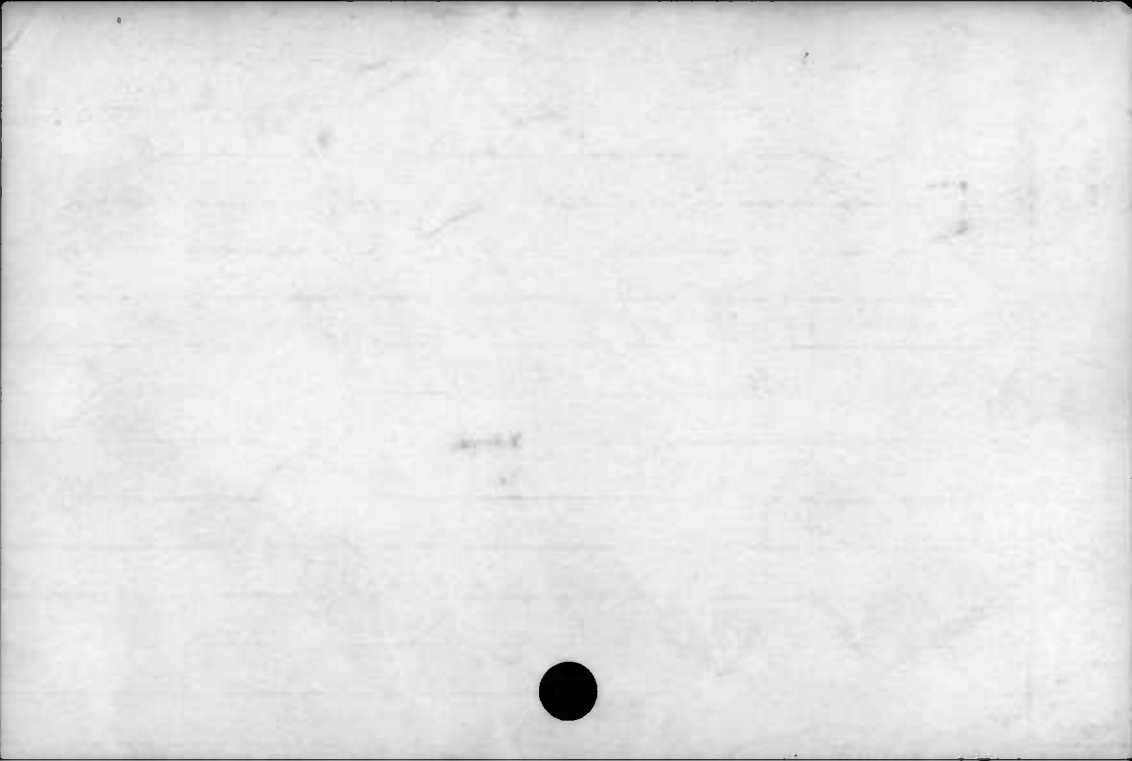
Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *E. J. Smith M.D.*

Address *Brownboro*

*Ind*

Accident or Suicide? ☒





Name In Full

Certificate of Death

Ethel H. Boyle.

Town

County

Died at

Pittsburg

Pa.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03.

4

18

Age

28.

5.13

Md.

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

none.

Husband of

Wife

Father's

Name

Mother's

Maiden Name

John Walter Boyles.

A. A. Swingle

Mary J. Brosius.

Cause of

Primary

How long sick

Death

Immediate

Convulsions

~~Accident, Suicide, Homicide~~

Reported by

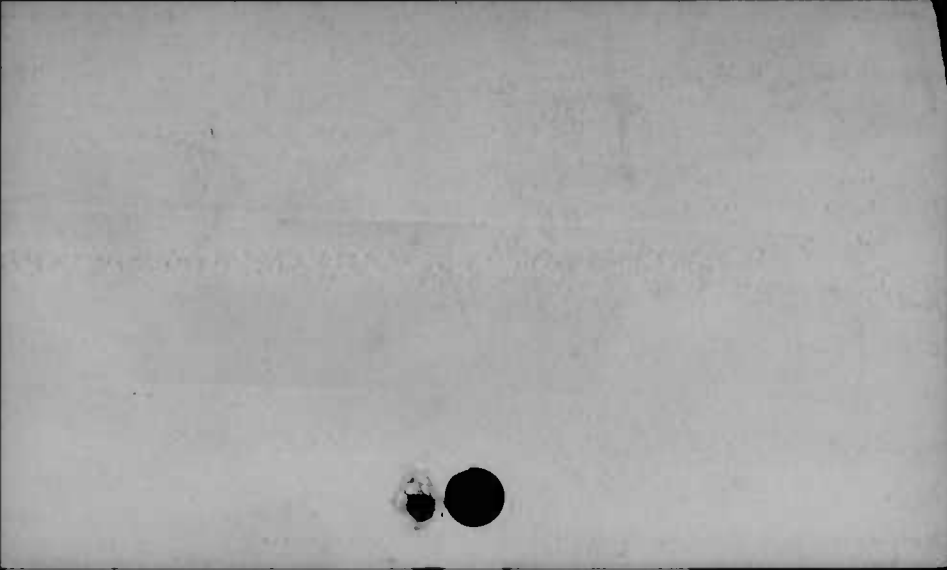
Martin J. Swingle &amp; Son

Address

Pittsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Bertie Brown

## CERTIFICATE OF DEATH

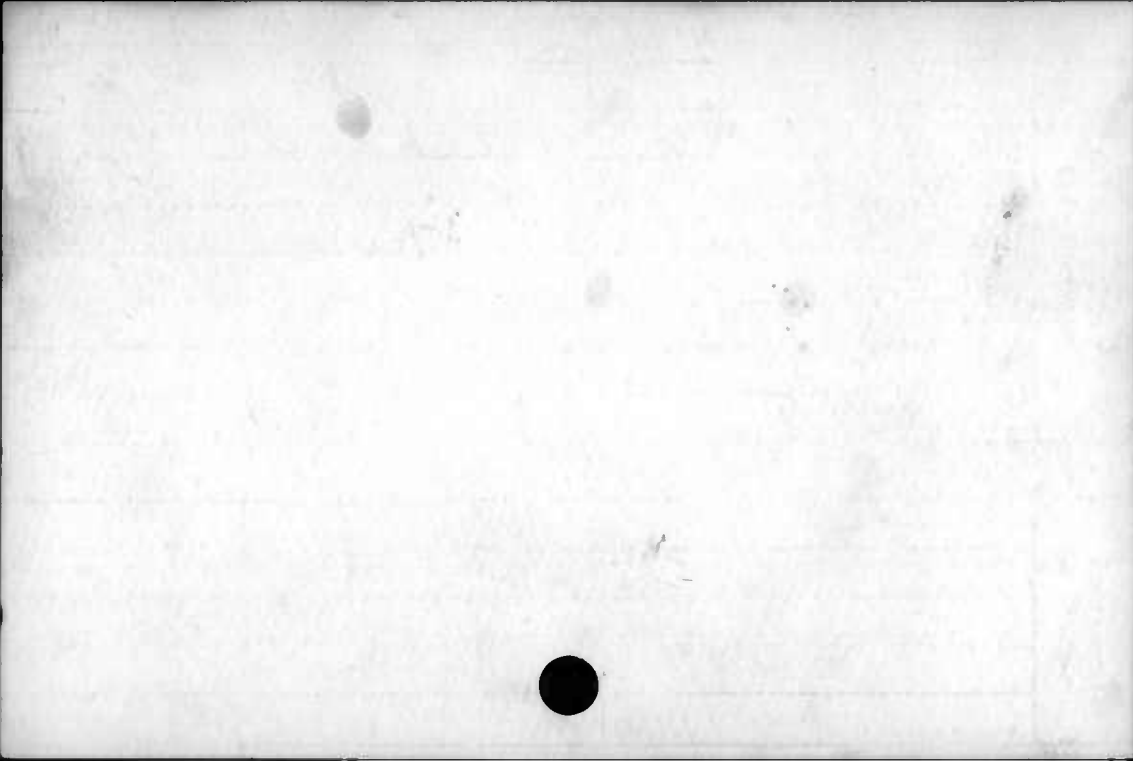
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>April</i>	Day <i>4</i>	Age <i>24</i>	Years <i>8</i>	Months <i>19</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Carroll Co</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>House work</i>			
Name of Wife or Husband <i>Webster Brown</i>					
Father's Name <i>Henry Fishers</i>			Father's Birthplace <i>Carroll Co</i>		
Mother's Maiden Name <i>Sallie Cozby</i>			Mother's Birthplace <i>Potomac Co</i>		
Name of person giving information <i>Sallie Fisher</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Blood Poison</i>	How long <i>20</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Hyndrick C. Brown</i>
	Address <i>Murderer's Ind.</i>
Accident or Suicide?	



Name  
in  
Full

Sarah L. Brown

## CERTIFICATE OF DEATH

Town

County

Died at Hagerstown

Washington

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

4

22

Age

79

3

7

Sex

Female

Color or  
Race

White

Birth-  
place

Pa

Married, Single  
or Widowed

Widow

Occupation

Housewife

Name of Wife or  
Husband

Bertram Brown

Father's  
Name

Christian Lehnman

Father's  
BirthplaceMother's  
Maiden Name

Elizabeth Leab

Mother's  
BirthplaceName of person giving  
In formation

Susan Brown

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Senility

How long

15

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

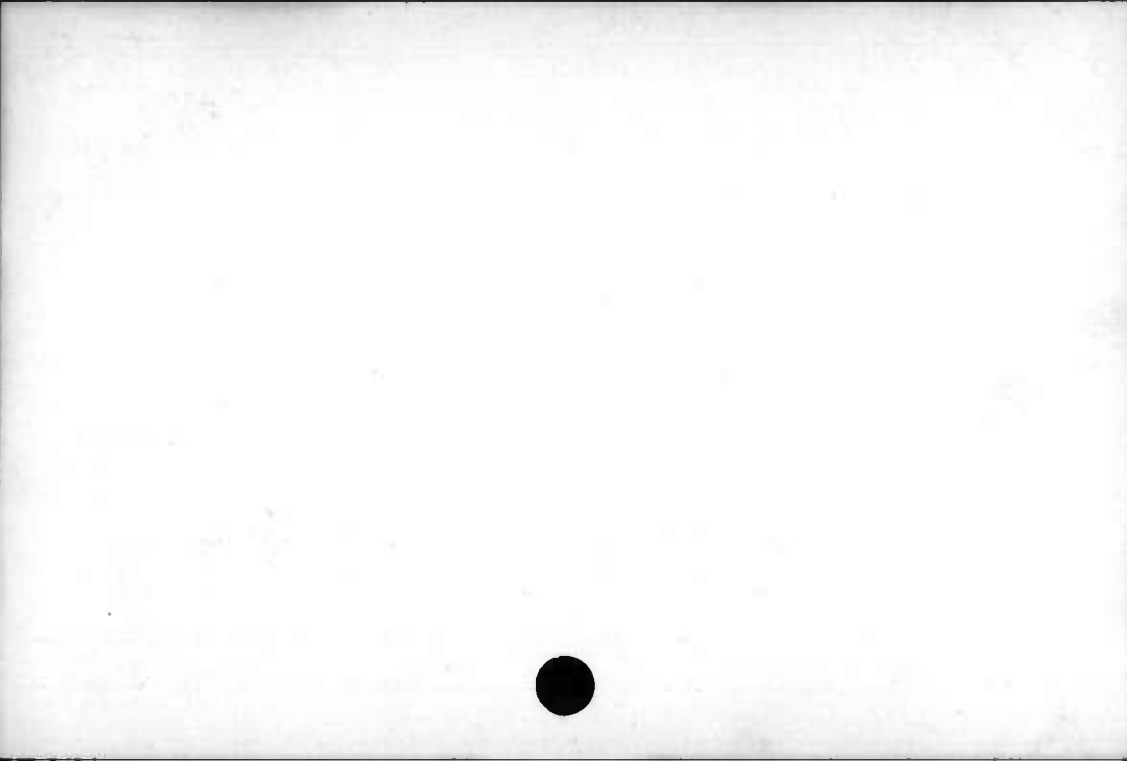
A. W. Pague

Address

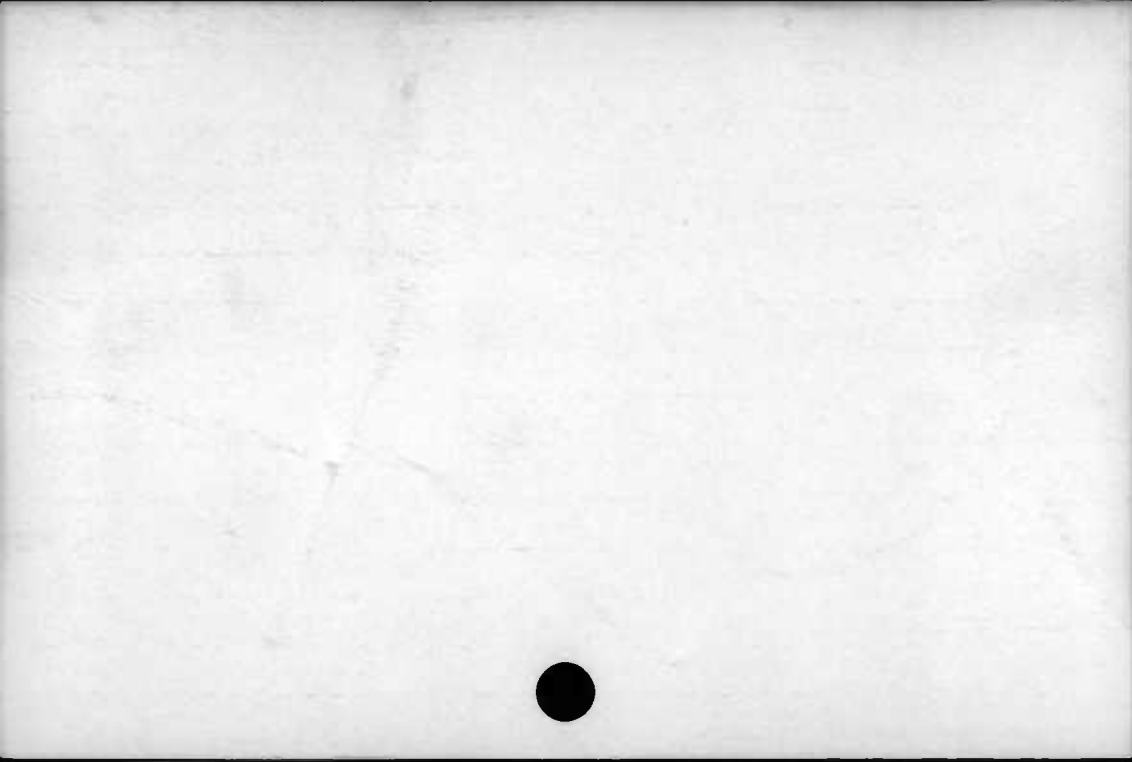
Hagerstown, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full <b>Thomas J<sup>m</sup> Brill</b>		CERTIFICATE OF DEATH			
Died at <b>Ham</b> <sup>Town</sup> <b>No 4</b>		<b>Washington</b> <sup>County</sup>		MARYLAND	
Date of death 1903		Month <b>4</b>	Day <b>3</b>	Years <b>one</b>	Months <b>3</b>
Sex <b>Male</b>		Color or Race <b>white</b>		Birth-place <b>Ham No 4</b>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <b>Charles B Brill</b>			Father's Birthplace		
Mother's Maiden Name <b>Girdy L Kutzel</b>			Mother's Birthplace		
Name of person giving information <b>Charles B Brill</b>			How related to deceased <b>Father</b>		
CAUSES OF DEATH					
Primary <b>Capillary Bronchitis</b>			How long <b>92</b>		
Immediate <b>Tuberculosis</b>			How long		
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>			Signature of Physician <b>V. M. Reichard</b>		
			Address <b>Fairplay.</b>		
Accident or Suicide?					





Name in Full

Certificate of Death

*Dennis Clark*  
 Died at <sup>Town</sup> **HAGERSTOWN** <sup>County</sup> **WASHINGTON** **MARYLAND**  
 Date 19 **03** <sup>Month</sup> **Apr.** <sup>Day</sup> **20** <sup>Y.</sup> **-** <sup>M.</sup> **-** <sup>D.</sup> **-** <sup>Native of</sup> **MARYLAND** <sup>Occupation</sup> **laborer**  
 Male ~~Female~~ ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Widower~~  
~~Colored~~ ~~Single~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. *Williamsport Md*

Mail permit  
to

L. H. Kups

Thompson Ind

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Name  
in  
Full

Sarah Boyd Coffman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Fairplay <sup>Town</sup> Washington <sup>County</sup> MARYLAND

Date of death 1903 <sup>Month</sup> April <sup>Day</sup> 24 <sup>Age</sup> 41 <sup>Years</sup> 1 <sup>Months</sup> 23 <sup>Days</sup>

Sex Female Color or Race White Birth-place Ind

Married, Single or Widowed Married Occupation Housewife

Name of wife or Husband Simon Coffman

Father's Name Henry Boyd Father's Birthplace

Mother's Maiden Name Elisabeth Harman Mother's Birthplace

Name of person giving information Estelle Coffman How related to deceased Daughter

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

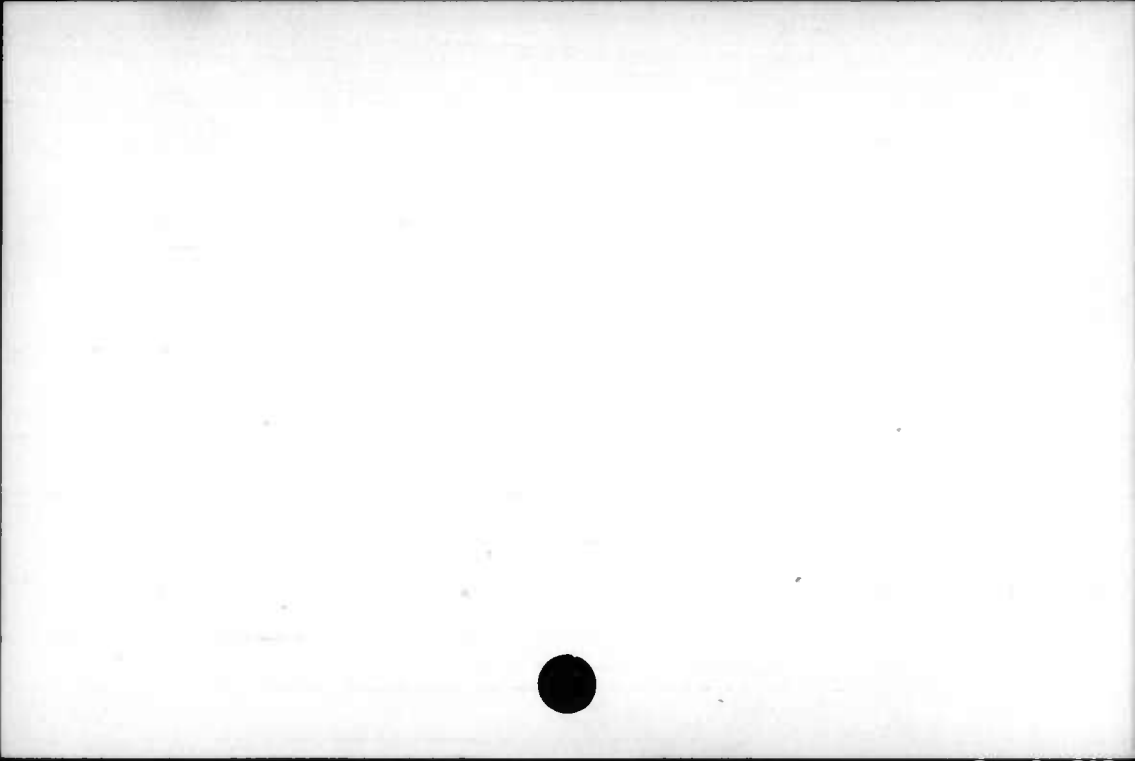
Primary Dementia 68 93 How long 2 years

Immediate Pneumonia How long 10 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. M. Reichard

Address Fairplay  
Washington Co

Accident or Suicide?



Name

in  
Full

## CERTIFICATE OF DEATH

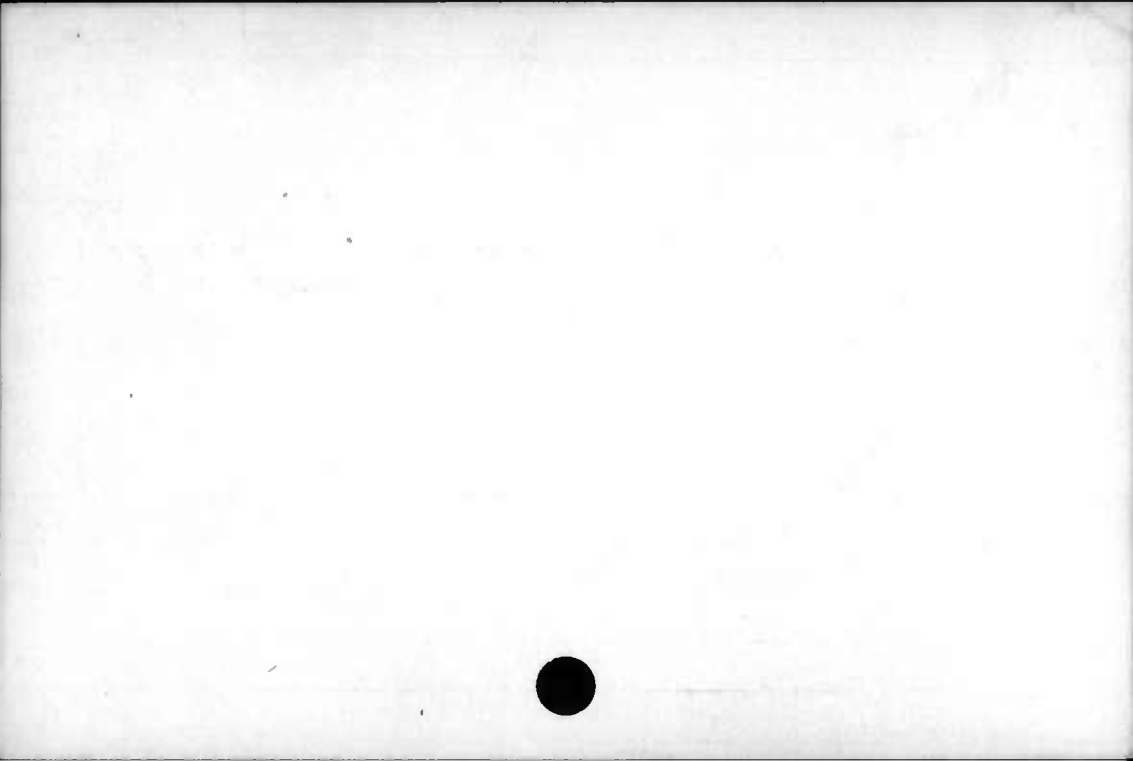
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Susan Cook</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>4</i>		Day <i>18</i>		Age <i>18</i>	
Date of death 190 <i>7</i>		Month <i>4</i>		Day <i>18</i>		Months <i>7</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Days <i>3</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Helper</i>					
Name of Wife or Husband <i>_____</i>							
Father's Name <i>Geo W. Cook</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Mary S. Miller</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Mary S. Miller</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>27</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. P. Stuffer</i>
	Address <i>_____</i>
Accident or Suicide?	



Name in Full

Certificate of Death

John Boss

Town Chesville County Washington MARYLAND

Died at Chesville

Date 1903 Month Apr Day 19 Y. 70 M. 4 D.  Native of Virginia Occupation Shoemaker

Male White Married Widow ~~Disced~~ ~~Widower~~ Number of children living 2

~~Female~~ ~~Colored~~ ~~Single~~

Husband of Mary Beard

Father's Name Samuel Boss Mother's Maiden Name Lolly Shockey

Cause of Primary How long sick 179

Death Immediate Heart failure ~~Accident, Suicide, Homicide~~

Reported by Wm. L. Sheiss

Address Leitersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Mrs. Rose Brower

## CERTIFICATE OF DEATH

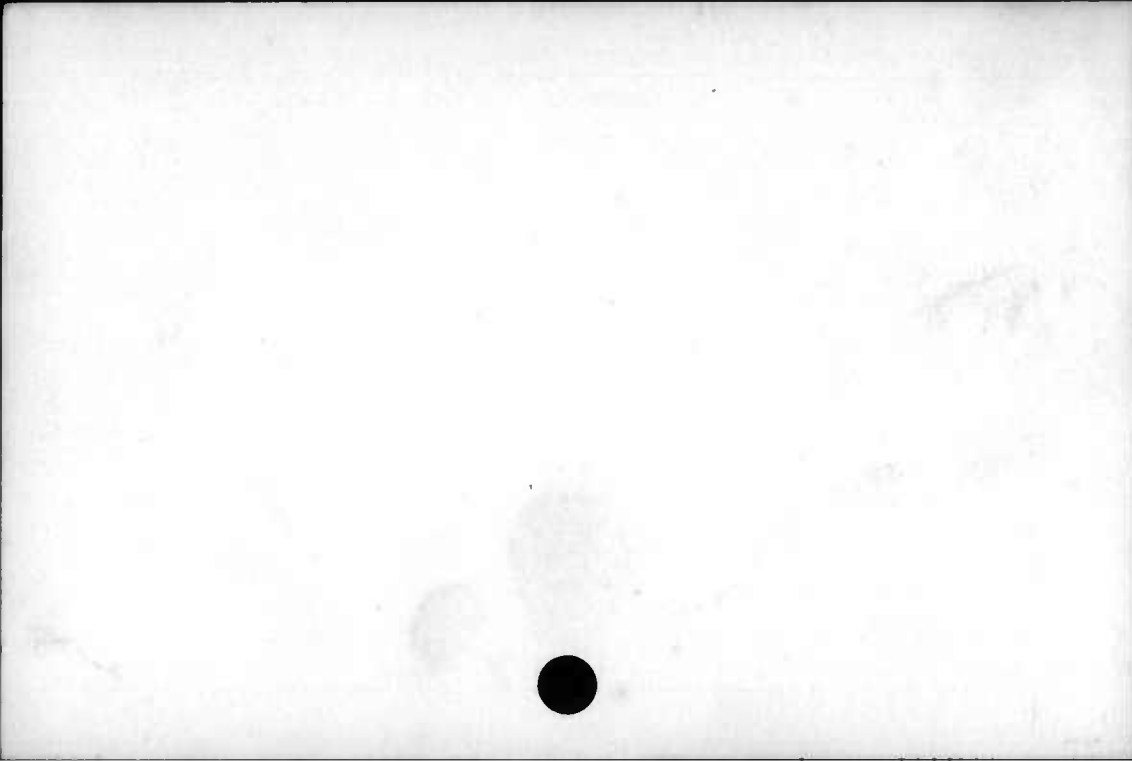
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frankstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	<i>Apr.</i> <sup>Month</sup>	<i>6</i> <sup>Day</sup>	Age <i>55</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Md.</i>			
Married, Single or Widowed <i>married</i>	Occupation <i>H. W.</i>				
Name of Wife or Husband <i>Samuel G. Brower.</i>					
Father's Name <i>Winkfield</i>		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>Samuel G. Brower.</i>		How related to deceased <i>husband.</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>18 mo</i>
Immediate <i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>[Signature]</i>
<i>yes</i>	Address <i>G. J. [Signature]</i>
Accident or Suicide?	<i>Frankstown</i>



Name  
in  
Full

Mrs. Emily Daymude

## CERTIFICATE OF DEATH

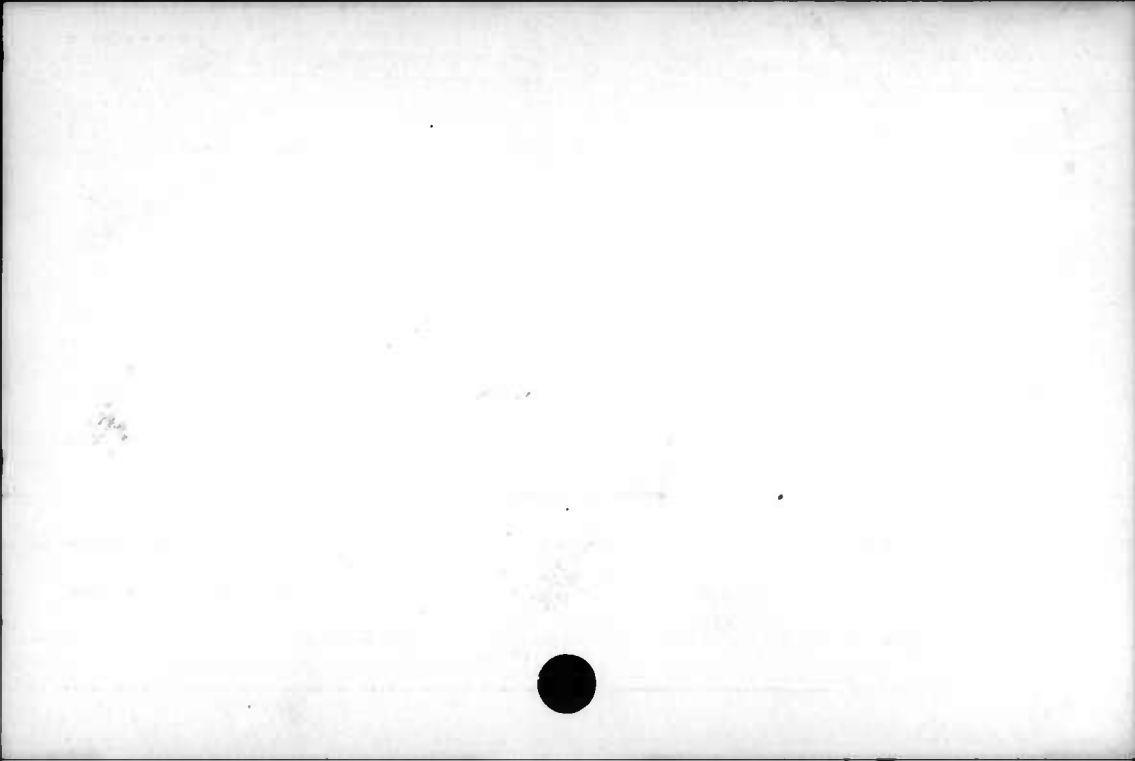
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Hagerstown		Washington					
Date of death 190	3	Month	April	Day	6	Age	59
						Months	3
						Days	23
Sex	female		Color or Race	white		Birth-place	Va.
Married, Single or Widowed	widow		Occupation	H. W.			
Name of <del>Wife</del> Husband	John Daymude						
Father's Name	Preston Mills					Father's Birthplace	Va.
Mother's Maiden Name	Elizabeth					Mother's Birthplace	"
Name of person giving information	John R. Daymude					How related to deceased	son.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Heart failure	179
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	yes
Signature of Physician	Wm Preston Miller
Address	Hagerstown Md.
Accident or Suicide?	



Name In Full

Certificate of Death

Mary A. Diamond -

Town

County

Died at

MARYLAND

Died at Cheswille Washington  
 Date 9/8 4 17 88 11 8 Ind. Housewife  
 Male White Married Widow Divorced 3  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79908



Name In Full

Certificate of Death

George W. Eaney

Town

County

Died at

Fairview

Washington

MARYLAND

Date

903

Month

Day

Y.

M.

D.

Native of

Occupation

April 13

Age

61

Washington

Farmer

Male

White

Married

~~Widow~~~~Widow~~

Number of children living

One

~~Female~~~~Colored~~

Single

Widower

Husband of

white married

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Pneumonia

How long sick

Two months

Death

Immediate

Leukemia

Accident, Suicide, Homicide

Reported by

J. E. Miller, M.D.

Address

Mason &amp; Dixon, Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 75008

J. A. Baughman  
Scrib Reg



Name in Full <b>Annur Jamell</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Bellevue Asylum</b> <sup>Town</sup> <b>Washington</b> <sup>County</sup>		<b>MARYLAND</b>
	Date of death 190 <b>3</b>	Month <b>Apr</b> Day <b>21</b>	Age <b>42</b> Years Months Days
	Sex <b>Female</b>	Color or Race <b>white</b>	Birth-place <b>VA</b>
	Married, Single or Widowed <b>Widow</b>	Occupation <b>H.W.</b>	
	Name of Wife or Husband		
	Father's Name		Father's Birthplace
	Mother's Maiden Name		Mother's Birthplace
Name of person giving information <b>27</b>		How related to deceased	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Phthisis Pulmonalis</b>		How long <b>1 yr.</b>
	Immediate <b>Exhaustion</b>		How long
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>W B Morrison</b>	
	Address <b>Hagerstown Md</b>		
Accident or Suicide? <b>no</b>			



Name  
in  
Full

Mary Virginia Green's

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Clearspring</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 1903	<i>April</i> <sup>Month</sup>	<i>31</i> <sup>Day</sup>	Age <i>1</i> <sup>Years</sup>	<i>21</i> <sup>Months</sup>	<i>21</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Luther Green's</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Lettie Miles</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Mother</i>			How related to deceased <i>—</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Unknown</i>	<i>15</i> <sup>How long</sup>
Immediate	<i>Unknown</i>	<i>21 days</i> <sup>How long</sup>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>J. P. Perry</i>
		Address <i>Clearspring Md</i>
Accident or Suicide?	<i>—</i>	



Name

in  
Full

Francis S. Gouff

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u> Town		<u>Washington</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>4</u>	Day <u>27</u>	Age <u>27</u>	Months <u>10</u>	Days <u>26</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
<del>Married, Single or Widowed</del> <u>Single</u>		Occupation <u>None</u>			
Name of Wife or Husband _____					
Father's Name <u>Silas Gouff</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Effie J. Young</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Mother</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Phthisis Pulmonalis</u>	How long	<u>Three months</u>
Immediate	<u>do</u>	How long	<u>Three months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. E. Pittsogle M.D.</u>	
		Address <u>Hagerstown Md</u>	
Accident or Suicide? _____			

Potterville



Name in Full		Elizabeth M Gower				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town near Doronsville	County Washington	MARYLAND					
		Date of death	1903	Month	4	Day	18	Age	Years 34	Months 11	Days 20
		Sex	Female		Color or Race	White		Birth-place	Washington Co		
		Married, Single or Widowed	single			Occupation	General house work				
		Name of Wife or Husband									
		Father's Name				Michael Gower		Father's Birthplace			
		Mother's Maiden Name				Louisa Rowe		Mother's Birthplace			
TO BE ANSWERED BY NEAREST FRIEND		Name of person giving information				Richard Gower		How related to deceased	Brother		
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary				Phthisis Pulmonalis		How long	3 months		
		Immediate				Exhaustion		How long			
		Are the name, age, sex, color, date and place correctly given above?				yes		Signature of Physician	U. M. Reichard		
								Address	Fairplay		
		Accident or Suicide?						Washington Co			





Name in Full

Certificate of Death

Isaac Camp

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

1

3

Age

69

13

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Tuberculosis

How long sick

About 2 months

Death

Immediate

Sudden

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1908



Name  
in  
Full

Ruth Hamick; Groves

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brownboro</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>5</i>	Age <i>2</i> —	Years	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Charles L. Groves</i>			Father's Birthplace <i>Ford Co.</i>		
Mother's Maiden Name <i>Emma R. Biser</i>			Mother's Birthplace <i>Ford Co.</i>		
Name of person giving in formation <i>Emma R. Groves</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>"Congestion Brain"</i>	How long <i>3 day 2</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W.B. Wheeler</i>
	Address <i>Brownboro</i>
Accident or Suicide?	<i>Maryland</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

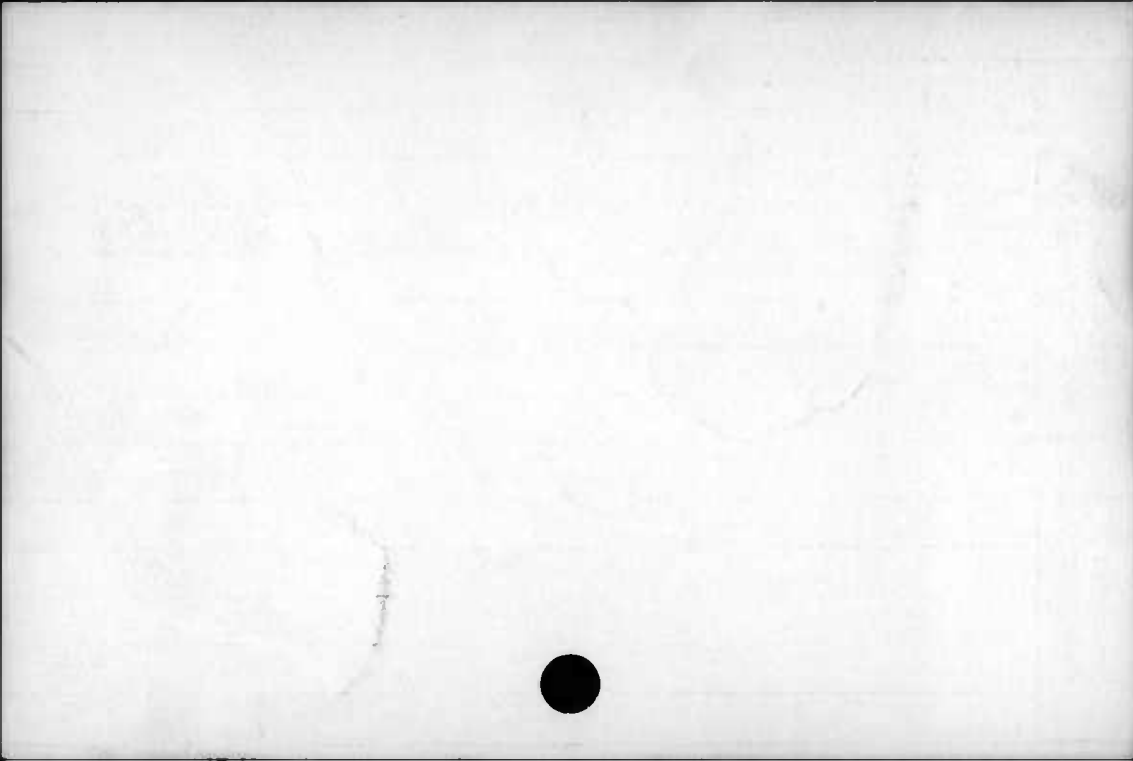
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>James T. Hager</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>4</i>		Day <i>7</i>		Years <i>52</i>	
Date of death 190 <i>3</i>		Months <i>5</i>		Days <i>26</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Married, Single or Widowed <i>Widower</i>		Occupation <i>Ice Dealer</i>					
Name of Wife or Husband <i>Mary L. Hall</i>							
Father's Name <i>A. H. Hager</i>		Father's Birthplace					
Mother's Maiden Name <i>Sallie S. Ensminger</i>		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Arteriosclerosis</i>	How long <i>1 yr</i>
Immediate <i>Atherosclerosis</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. S. Mason</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide?	



Name  
in  
Full

William Henry Hager

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Hagerstown</i>		<sup>County</sup> <i>Washington</i>		MARYLAND	
Date of death 190 <i>8</i>	<sup>Month</sup> <i>April</i>	<sup>Day</sup> <i>14</i>	<sup>Years</sup> <i>50</i>	<sup>Months</sup> <i>3</i>	<sup>Days</sup> <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Married, Single or Widowed <i>Widower</i>			Occupation <i>Traveling Salesman</i>		
Name of Wife or Husband					
Father's Name <i>Elias Hager</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Julia Murphy</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>D H Hager</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Parasio</i>	How long <i>6 mos</i>
Immediate <i>Gauntion</i>	How long <i>68</i>
Are the name, age, sex, color date and place correctly given above? <i>yes</i>	Signature of Physician <i>W B Thomson</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>no</i>	





Name  
in  
Full

Adam S. Haring

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death 1903		Month <i>4</i>	Day <i>18</i>	Age <i>67</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place			
Married, Single or Widowed <i>Widower</i>		Occupation <i>Supt Spoke Works</i>					
Name of Wife or Husband							
Father's Name <i>not known</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Anna M. Leary</i>				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Arterio-sclerosis</i>	How long	<i>54 years</i>
Immediate	<i>apoplexy</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. Preston Mills</i>	
		Address <i>Hagerstown, Md.</i>	
<i>yes</i>			
Resemblance of Suicide?			

Truck for 118.

Name  
in  
Full

Daniel Highberger Jr

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Downsville <sup>County</sup> Washington

MARYLAND

Date of death 1903 <sup>Month</sup> April <sup>Day</sup> 23 <sup>Age</sup> 45 <sup>Years</sup> 6 <sup>Months</sup> 1 <sup>Days</sup>Sex male <sup>Color or Race</sup> white <sup>Birth-place</sup> Washco mdMarried, Single or Widowed Single <sup>Occupation</sup> Mechanic

Name of Wife or Husband

Father's Name Daniel Highberger

Father's Birthplace

159

Mother's Maiden Name Catharine Long

Mother's Birthplace

Name of person giving information Geo. Downey

How related to deceased

Brother in law

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Suicide by

How long

Immediate Shooting

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

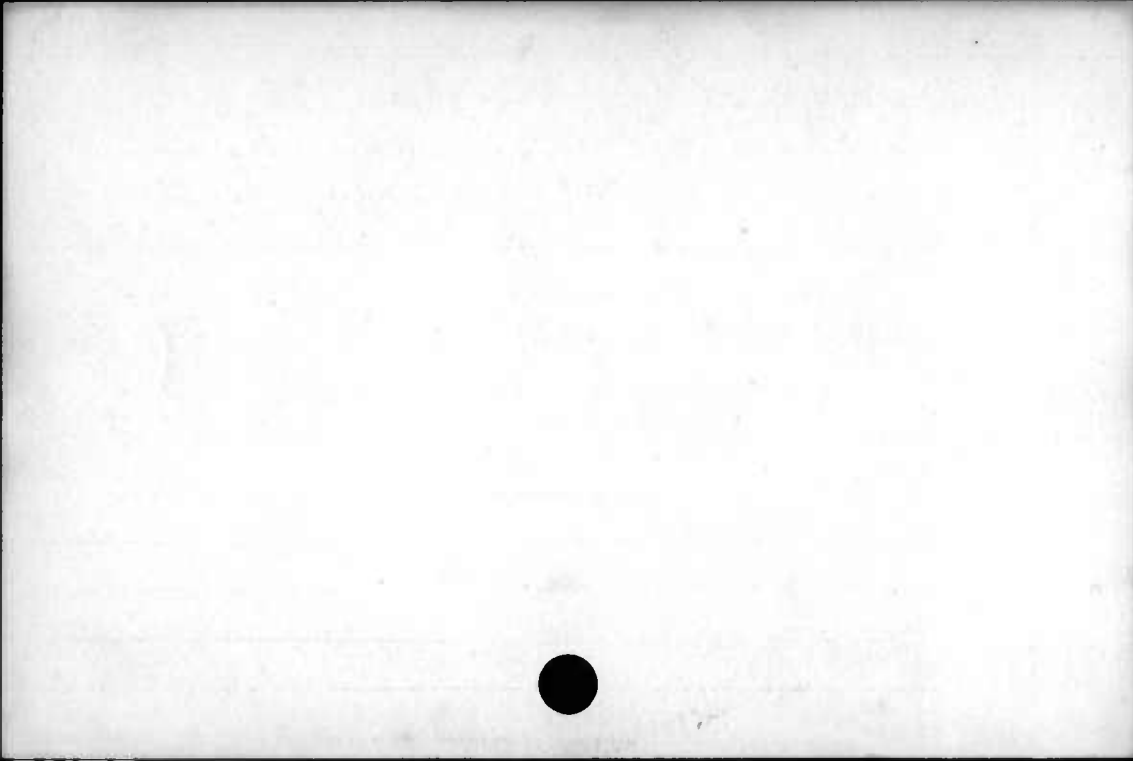
Signature of Physician

A. M. Scott Coroner

Address

Accident or Suicide?

Suicide



Name  
in  
Full

Sarah E. Hoffmann

## CERTIFICATE OF DEATH

Town

County

Died at

Severestown Washington

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

April

15

Age 60

Sex

Female

Color or  
Race

White

Birth-  
place

Montpelier

Married, Single  
or Widowed

Occupation

Housewife

Name of Wife or  
Husband

David Hoffmann

Father's  
Name

John Hough

Father's  
Birthplace

Montpelier

Mother's  
Maiden Name

Mary Mason

Mother's  
Birthplace

Montpelier

Name of person giving  
Information

David Hoffmann

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

How long

Hysteria

Immediate

Hemiplegia

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Edgar J Smith

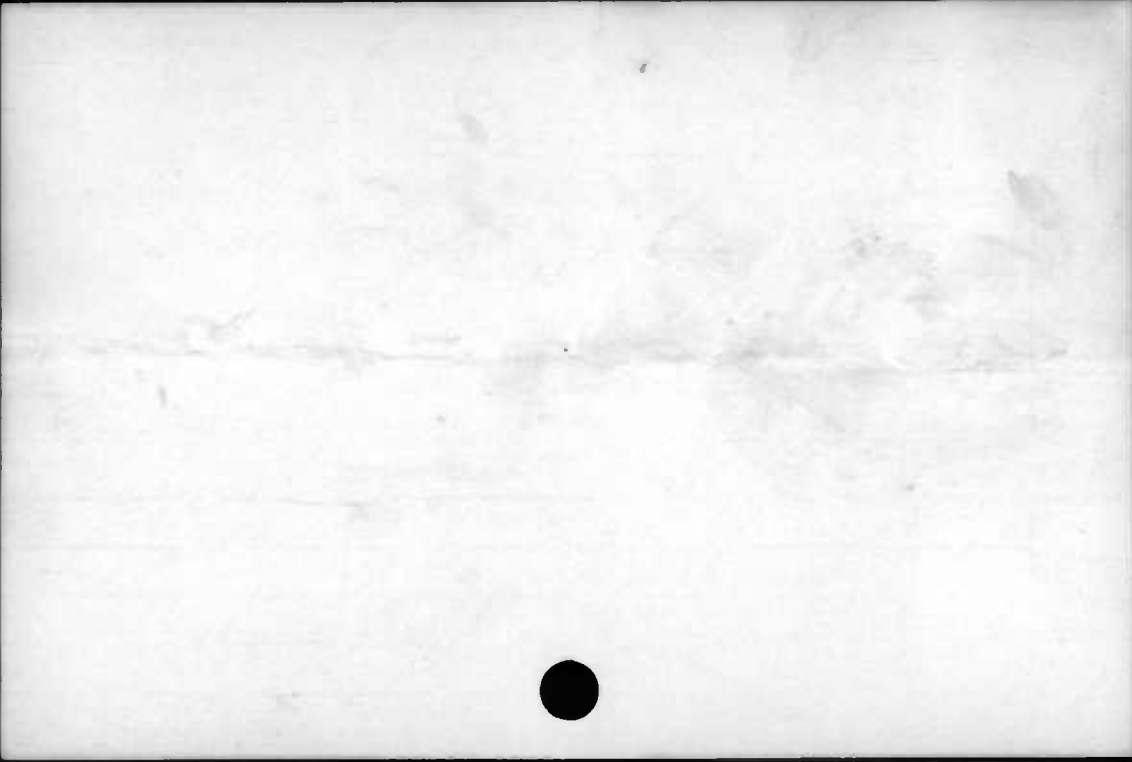
Address

Bovonsboro

Accident or Suicide?

Maryland

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

James, Allen, Holmes  
 Town County  
 Died at Gapland Washington MARYLAND  
 Date 1908 4 27 Age 43.6.16 Y. M. D. Native of Occupation  
 Male White Married Widow Divorced Railroader  
 Female Colored Single Widower Number of children living one  
 Husband of Margaret Campbell  
 Wife of  
 Father's Name James W. Holmes Mother's Name Maria Stine  
 Cause of Death { Primary Mitral Insufficiency How long sick 9 weeks  
 Immediate Suffocation 199 Accident, Suicide, Homicide  
 Reported by J. J. Yount, M.D.  
 Address Brownsville M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

92a No. *Hough* *Wash* *House*

Died at *Smithtown* <sup>Town</sup> *Washington* <sup>County</sup> **MARYLAND**

Date of death 190*3* <sup>Month</sup> *April* <sup>Day</sup> *19* <sup>Years</sup> *37* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Female* Color or Race *White* Birth-place *England*

Married, Single or Widowed *married* Occupation *Housewife*

Name of Wife or Husband *Joseph Hough*

Father's Name *Ed Green* Father's Birthplace *ind*

Mother's Maiden Name *Isabel Keime* Mother's Birthplace *u*

Name of person giving information *J. H. Fawcett* How related to deceased *not related*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Paralysis* *66* How long *2 yrs*

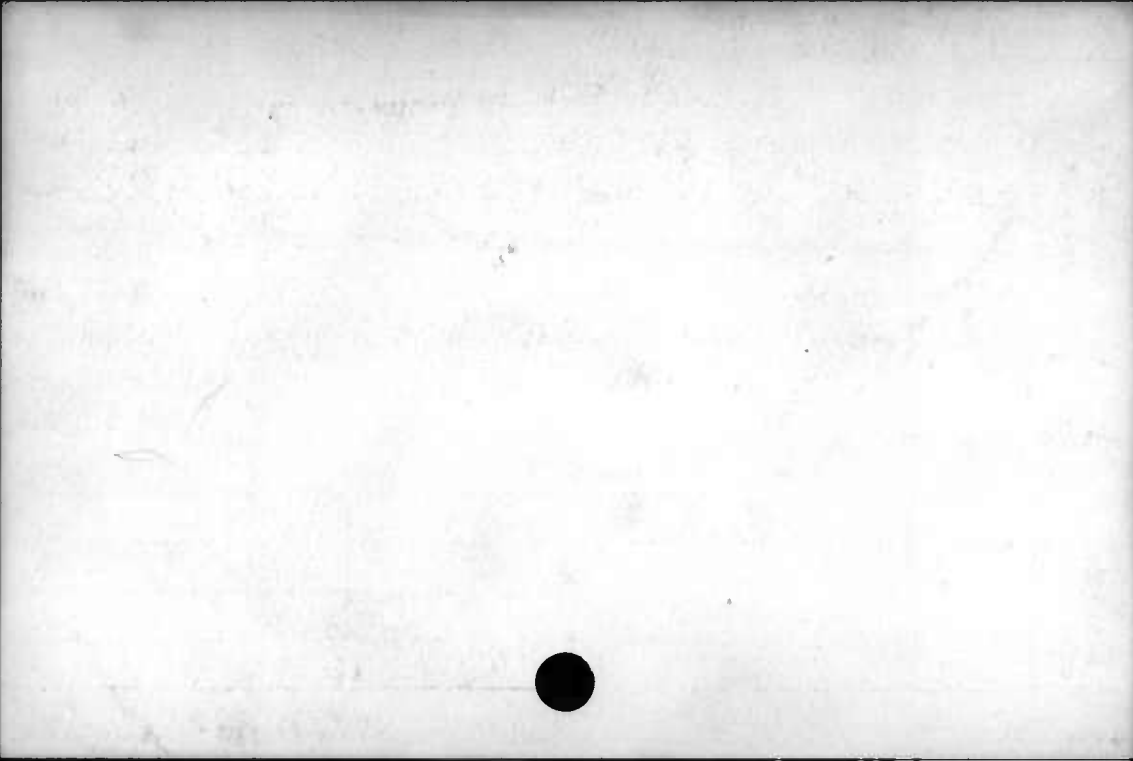
Immediate *Heart. Asth.* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

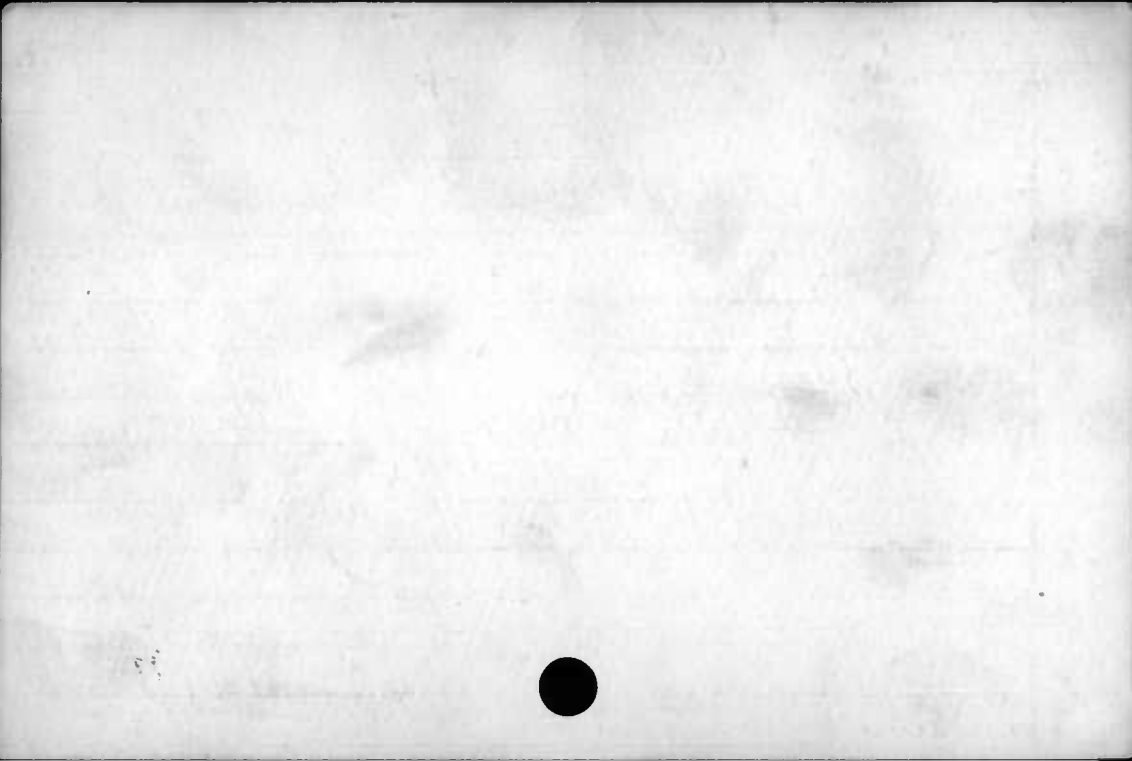
Signature of Physician *J. S. Davis*

Address *Brownstown*

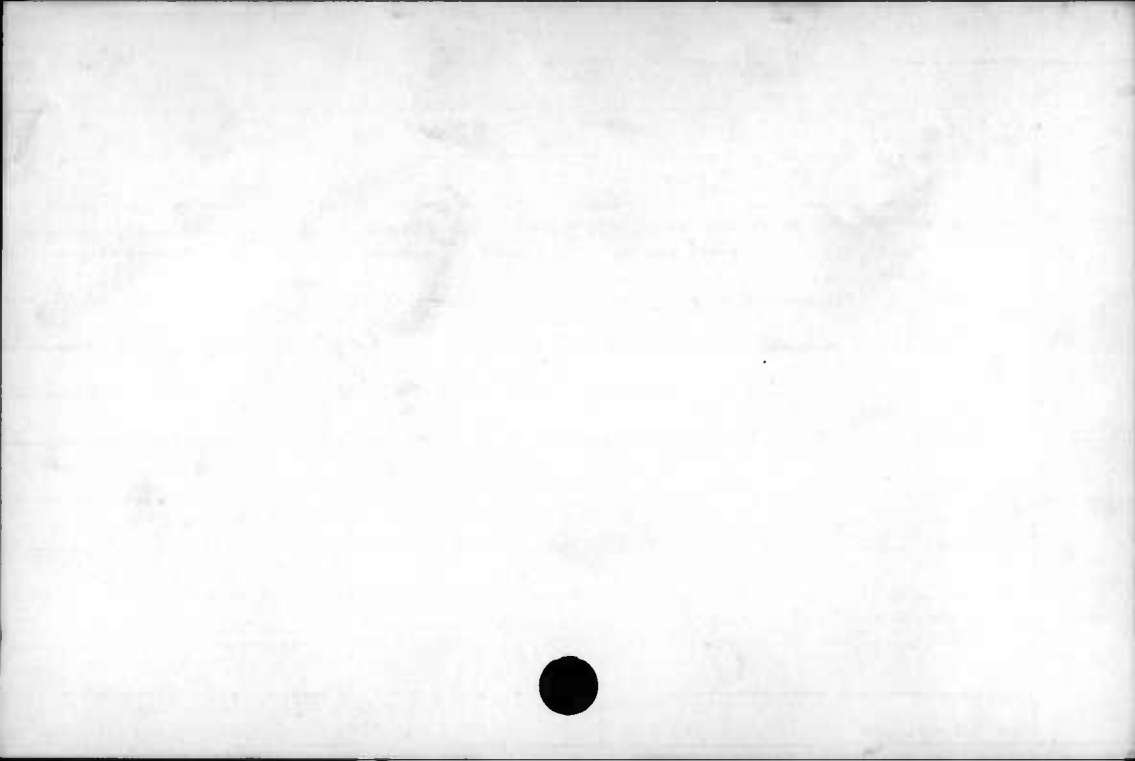
Accident or Suicide? *—*







Name in Full		Lloyd Henry Keyser				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hagerstown	County Washington		MARYLAND	
	Date of death 190	Month April	Day 11	Age	Years —	Months 2	Days —
	Sex	Male		Color or Race	Black		Birth-place
	Married, Single or Widowed			Occupation Child			
	Name of Wife or Husband						
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased			
William Keyser				Md			
Virginia Johnston				Md			
Virgil Keyser				Mother			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Spasms		How long		Few hours
	Immediate		71		How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
	Accident or Suicide?		Hypoxia		Address		
				Andrew K. Offman			
				Hagerstown Md.			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Smithsburg</i> <sup>Town</sup>		County <i>Wash</i>		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>20</i>	Age <i>66</i>	Years <i>7</i>	Months <i>10</i>
Sex <i>Female</i>	Color or Race <i>American</i>		Birth-place <i>Frederick Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>House Wife</i>		
Name of Wife or Husband <i>Henry Leyday</i>					
Father's Name <i>Mathewial Polabry</i>			Father's Birthplace <i>not known</i>		
Mother's Maiden Name <i>Cassandra</i>			Mother's Birthplace <i>not known</i>		
Name of person giving information <i>Bell H Leyday</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Long Suspensions of Lungs</i>	How long <i>2 years</i>
Immediate <i>General Debility</i>	How long <i>5 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. G. Jarboe</i>
	Address <i>Smithsburg Md.</i>
Accident or Suicide?	





Name  
in  
Full

Edna Ruth Linn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>town</sup>Breathedsville <sup>County</sup>Washington

MARYLAND

Date of death 190 <sup>Month</sup>3 <sup>Day</sup>April <sup>Age</sup>22 <sup>Years</sup>  
<sup>Months</sup>  
<sup>Days</sup>

Sex Female Color or Race White Birth-place Wash. Co.

Married, Single or Widowed Single Occupation Baby

Name of Wife or Husband

Father's Name Chas. B. Linn

Father's Birthplace Md

Mother's Maiden Name Cora B. Clark

Mother's Birthplace Md

Name of person giving information Chas Linn

How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Trismus 72

How long

Immediate Meconatorium

How long 2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

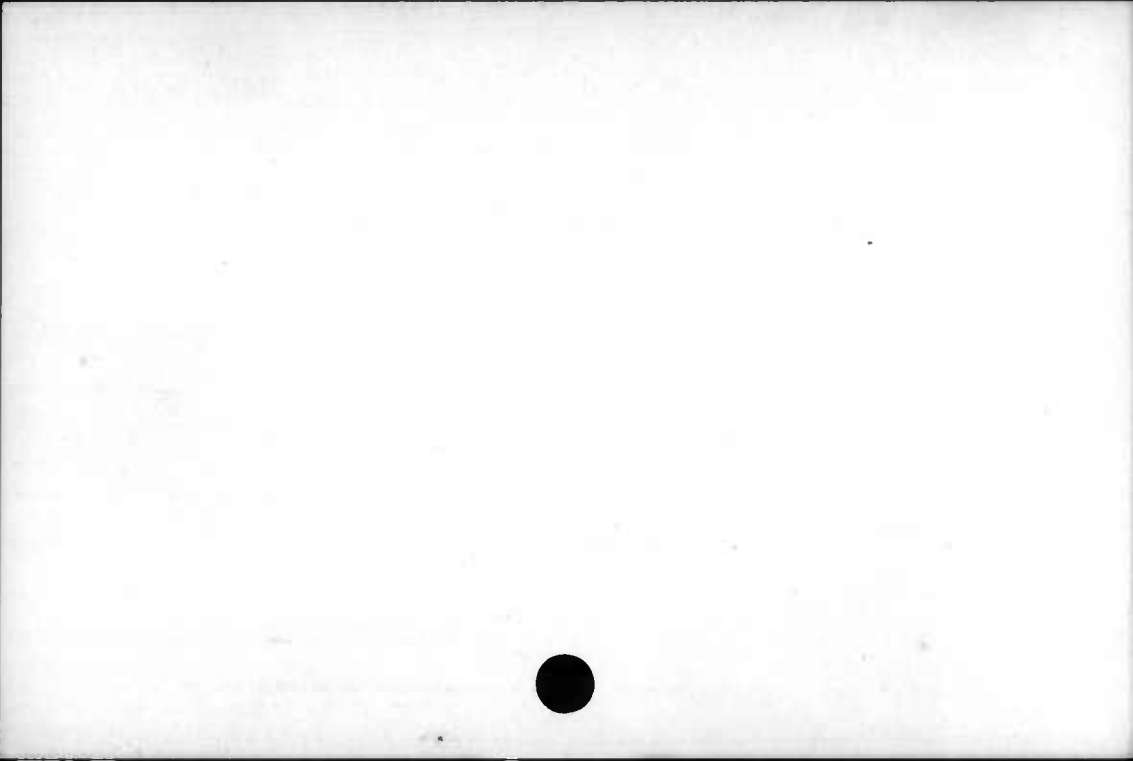
Signature of Physician

D. M. Perchard

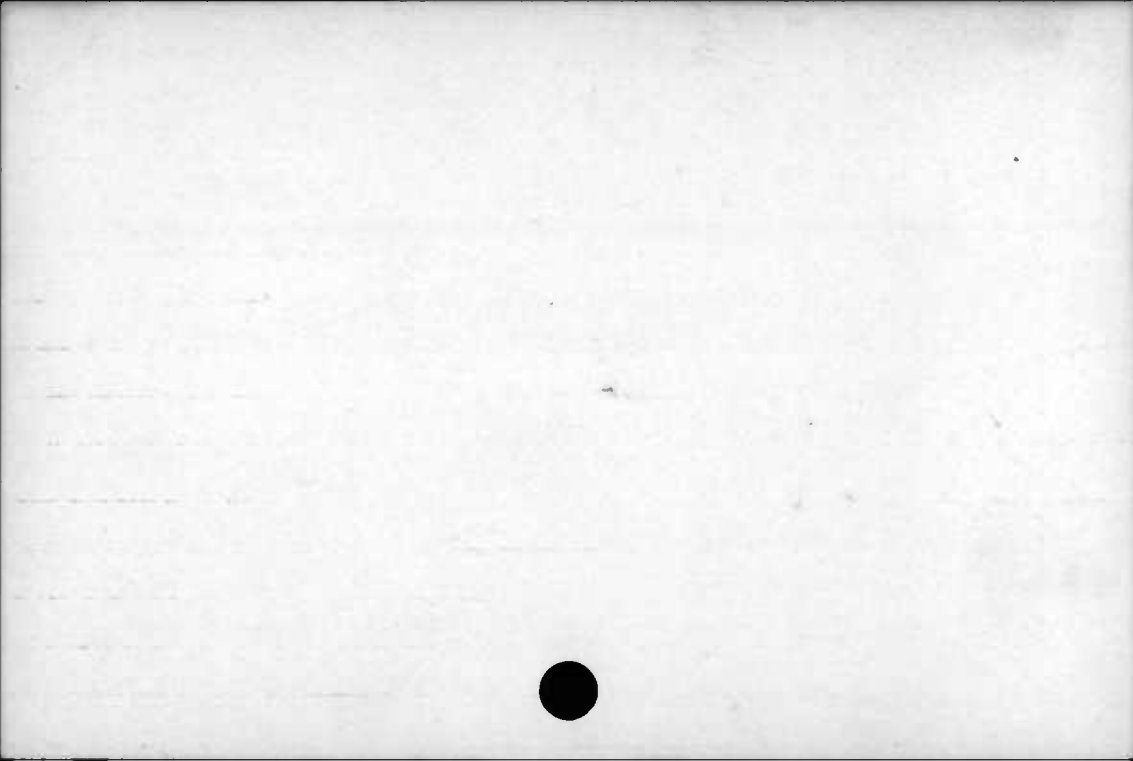
Address

Fair Play  
Midd. Co.

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>near Smithsburg Washington</i>				County		
		Date of death 1903		Month <i>April</i>	Day <i>30</i>	Years <i>44</i>	Months <i>4</i>	Days <i>19</i>
		Sex		Color or Race <i>Colored</i>		Birth-place <i>Keederville</i>		
		Married, <del>Single</del> <del>or Widowed</del>		Occupation <i>House Wife</i>				
		Name of Wife or Husband <i>Mary Washington</i>						
		Father's Name <i>Abraham Washington</i>				Father's Birthplace <i>Keederville</i>		
		Mother's Maiden Name				Mother's Birthplace <i>Keederville</i>		
		Name of person giving information <i>John W. Cable</i>				How related to deceased		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Heart Failure</i> <i>179</i>				How long <i>two months</i>		
		Immediate <i>Heart Failure</i> <i>158</i>				How long		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>Geo. Bloover Undertaker</i>		
						Address <i>Smithsburg Md.</i>		
		Accident or Suicide?						



Name  
in  
Full

*Indenete Martin*

CERTIFICATE OF DEATH

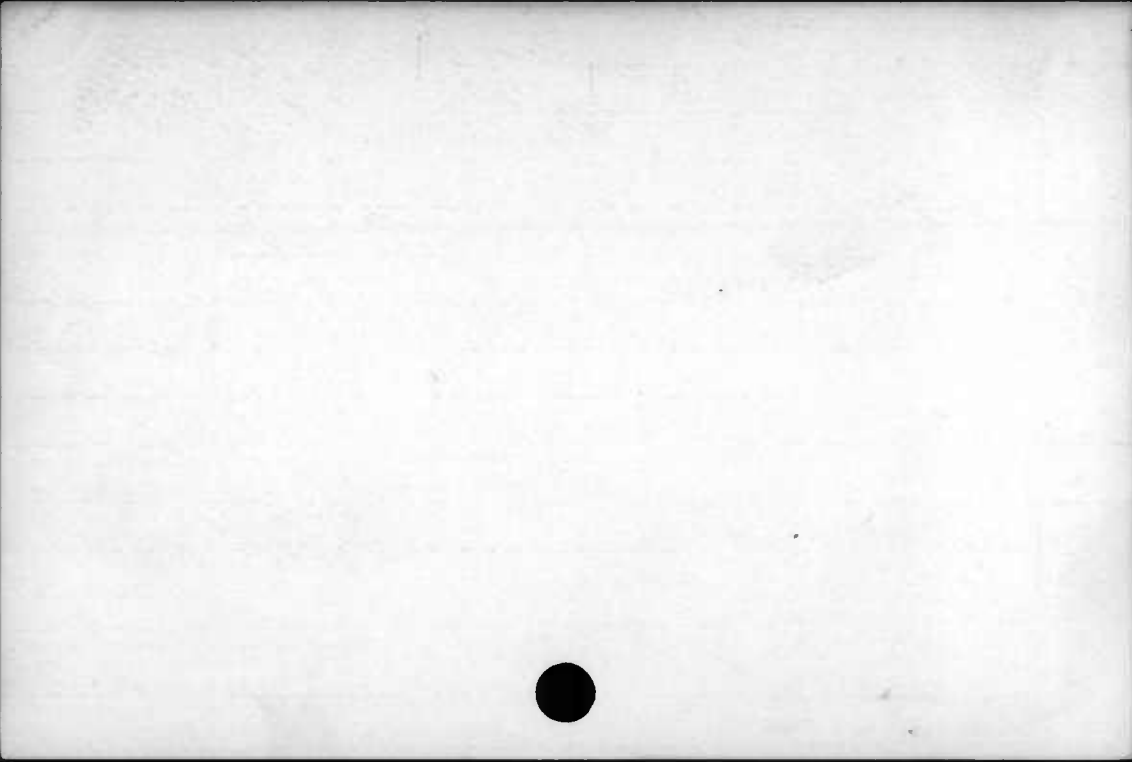
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bellhour Asylum</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 19 <i>23</i> <sup>Month</sup> <i>Apr</i> <sup>Day</sup> <i>22</i> <sup>Years</sup> <i>77</i>	Age <i>77</i>		Months		Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Married, Single or Widowed <i>Widower</i>		Occupation <i>none</i>			
Name of Wife or Husband <i>Anna Martin</i>					
Father's Name <i>Joseph Martin</i>			Father's Birthplace <i>not known</i>		
Mother's Maiden Name <i>Catharine Hebelander</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Addie Martin</i>			How related to deceased <i>Saughter</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long <i>154</i>
Immediate <i>Cerebral Paralysis</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>W. B. Morrison</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Ann Maria Middlekauff

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Hagerstown		Washington		MARYLAND	
Date of death 1903		Month	April	Day	9	Years	Age 81. 2 <sup>nd</sup>
Sex		Female		Color or Race		White	
Married, Single or Widowed		Married		Occupation		Housewife	
Name of Wife or Husband		Jonathan Middlekauff					
Father's Name		Samuel Scheidel				Father's Birthplace	
Mother's Maiden Name		Julia Hads				Mother's Birthplace	
Name of person giving information		Daughter, Mrs. M. M. McKee				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old age	How long	15 <sup>2</sup>
Immediate	Heart Failure	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		A. S. Hoxon	
Address		Hagerstown Md	
Accident or Suicide?			





Name in Full

Certificate of Death

Rebecca A. C. Miller

Town

County

Died at Hagerstown

Washington

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

4 20

Age

70 11 7

Maryland

House Work

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of

Wife

Father's  
Name

William Miller

Mother's

Maiden Name

Elizabeth Bell

Cause of

Primary

Mitral Regurgitation

How long sick

3 Months

Death

Immediate

Dropsey

~~Accident, Suicide, Homicide~~

Reported by

J. E. Pittsogle

Address

Hagerstown

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Annie Morgan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	<u>April</u> <sup>Month</sup>	<u>9</u> <sup>Day</sup>	Age <u>—</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>3</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>md</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>Child</u>				
Name of Wife or Husband <u>—</u>					
Father's Name <u>Hugh Morgan</u>			Father's Birthplace <u>Farmley md</u>		
Mother's Maiden Name <u>Bessie McCurdell</u>			Mother's Birthplace <u>Hagerstown</u>		
Name of person giving information <u>Hugh Morgan</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Congenital Heart Disease</u>	How long <u>2 days</u>
Immediate <u>Asphyxia</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Victor Duillea, Jr.</u>
	Address <u>Hagerstown, Md.</u>
Accident or Suicide? <u>—</u>	

APR 9 1903

Name in Full

Forster Wmumart

Died at

Green Spring Washington

MARYLAND

Date

1913

Month Day

April 16

Age

Y. M. D.

Native of

Ind.

Occupation

Male

White

~~Married~~

~~Widow~~

~~Divorced~~

~~Female~~

~~Colored~~

Single

~~Widower~~

~~Number of children living~~

Husband

of

Wife

Father's

Name

Joe Wmumart

Mother's

Name

Lizzie Wmumart

Cause of

Primary

Cardiac Paralysis

How long sick

Not at all.

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Dr. H. C. Forster

Address

Green Spring Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

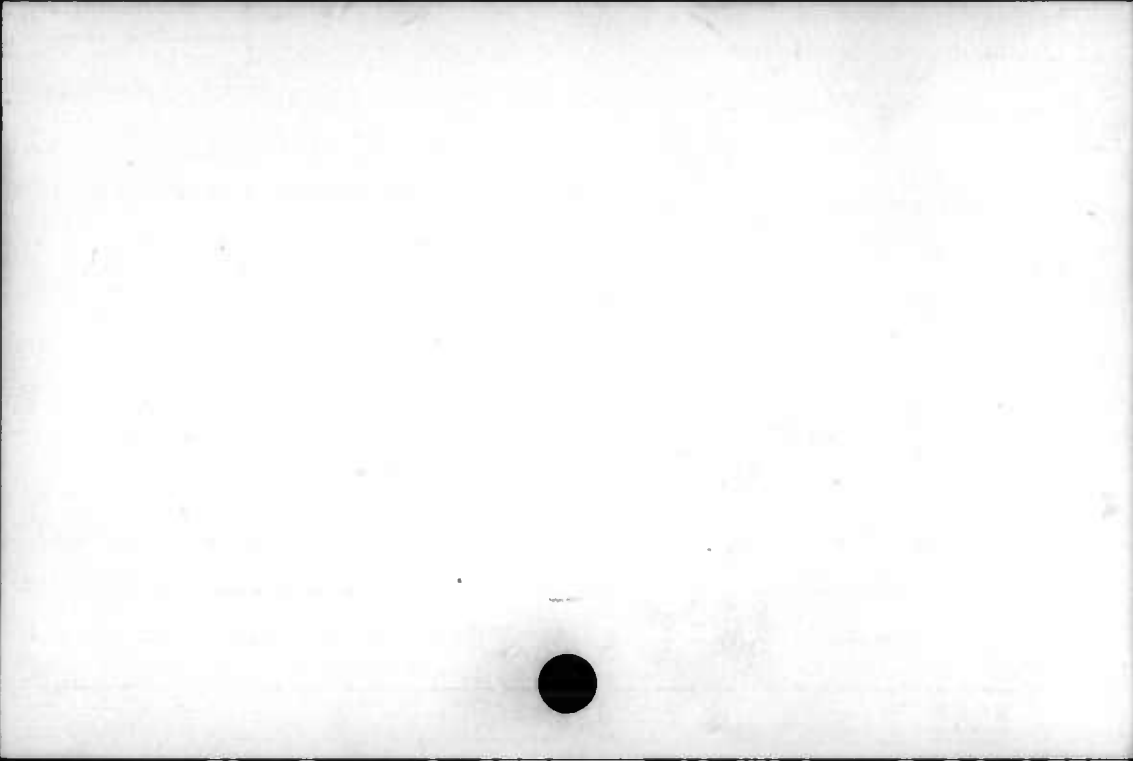
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Frederick Munson Sr.</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Died at		Date of death 190		Age		Months	
		<i>3 apr 30</i>		<i>78</i>		<i>9 24</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>			
Married, Single or Widowed <i>widower</i>		Occupation <i>stone cutter</i>					
Name of Wife or Husband <i>Sarah Munson</i>							
Father's Name <i>Wm Munson</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Ann Catherine</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Claggett Munson</i>		How related to deceased <i>son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>General Debility</i>	<i>154</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. M. Suter Understaker</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide? <i>no</i>	





Name In Full

Certificate of Death

Elizabeth Murray

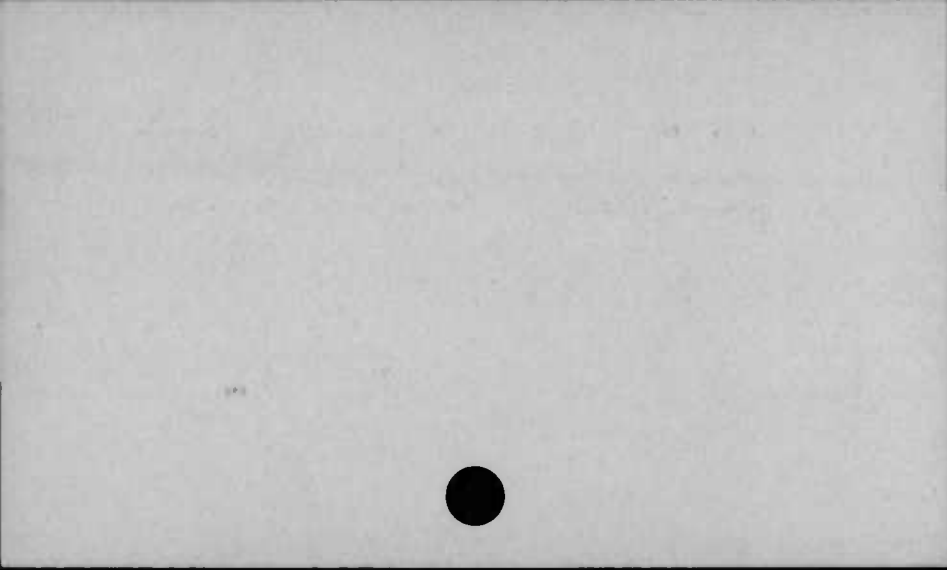
Died at Hanover Stark MARYLAND  
 Town County  
 Date 19 03 4 13 | Age 77 5 18 | Native of md | Occupation Housewife  
 Month Day Y. M. D.  
~~Male~~ White ~~Married~~ Widow ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Edward R. Murray  
 Wife  
 Father's Name Elisha Miles Mother's Maiden Name Barbara Stagle

Cause of Death { Primary Senility | How long sick 2 years  
 Immediate Exhaustion | 154 | Accident, Suicide, Homicide

Reported by J. A. West m. D.Address Hanover Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Samuel Pennell

CERTIFICATE OF DEATH

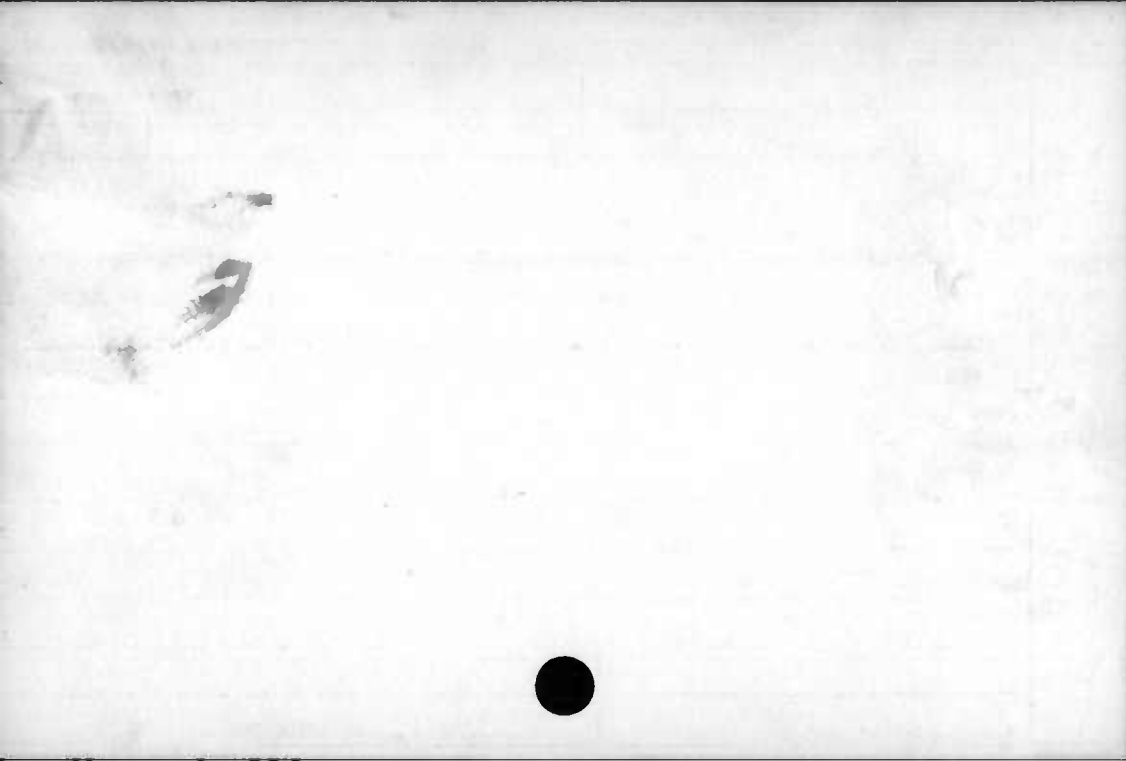
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Hagerstown</i>		<sup>County</sup> <i>Washington</i>		MARYLAND	
Date of death 190	<i>12</i>	Month <i>April</i>	Day <i>11</i>	Age <i>6-4</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>MD</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Labrer</i>			
Name of Wife or Husband					
Father's Name <i>William Pennell</i>			Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Nancy French</i>			Mother's Birthplace <i>Don't know</i>		
Name of person giving information <i>Fosby Grant</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Apoplexy</i>	How long <i>Few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A K Coffman</i>
	Address <i>Hagerstown MD</i>
Accident or Suicide? <i>Relieved</i>	



Name In Full

Certificate of Death

Anna C. Poffinbarger.

Town

County

Died at Cavetown Washington Co.

MARYLAND

Date 1903 4 15 Age 11 9 Native of Md Occupation infant -

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living

Husband  
ofWife  
Father's  
NameMother's  
Name

John Poffinbarger Martha M. Law

Cause of Primary

Tubercular meningitis

How long sick

6 weeks

Death Immediate

Institution -

28

Accident, Suicide, Homicide

Reported by

John M. Steck M.D.

Address

Smithsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79598



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Samuel Th. Ray</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>4</i>		Day <i>5</i>		Years <i>64</i>	
Date of death 190 <i>3</i>		Months <i>8</i>		Days <i>4</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Fredricks CO</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>					
Name of Wife or Husband <i>Sarah Hess</i>							
Father's Name <i>not known</i>		Father's Birthplace <i>"</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mrs Ray</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. P. Miller</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide?	

July

1903-4-0.3-

1838-7-31

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64-8-.4



Name in Full

Certificate of Death

*Bilda Begalda Rohrer - (Twin)*

Town

County

Died at *Hagerstown**Washington* MARYLANDDate 19 *03* *April* *26*

Month

Day

Y.

M.

D.

Native of

Occupation

Age *21* *3*

Age

Age

Native of

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Occupation

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

*Primarily born*

How long sick

*2 m. & 3 days*

Death

Immediate

*Convulsions 15*

Accident, Suicide, Homicide

Reported by

*H. H. Den - M.D.*

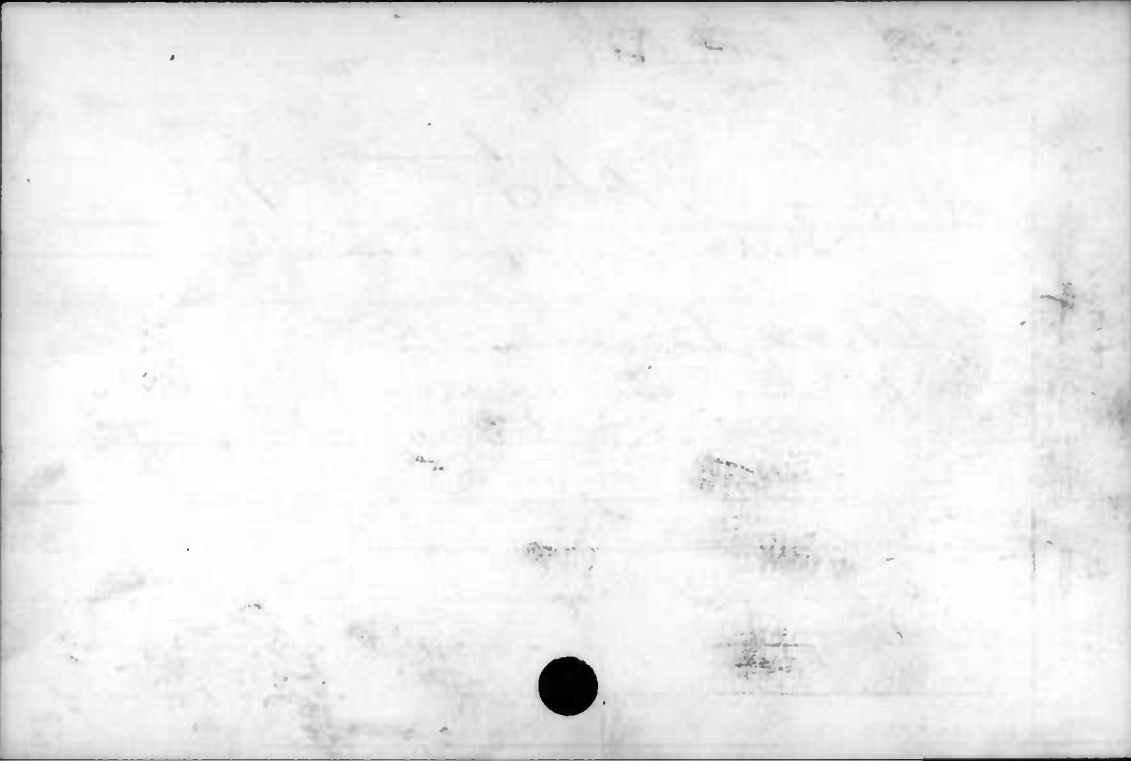
Address

*Hagerstown Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		<b>MARYLAND</b>	
	Date of death 190 <i>3</i>	<i>April</i> <small>Month</small>	<i>08</i> <small>Day</small>	Age <i>1</i> <small>Years</small>	<i>6</i> <small>Months</small>	
	Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>MD</i>		
	Married, Single or Widowed <i>Single</i>		Occupation <i>Child</i>			
	Name of Wife or Husband					
	Father's Name <i>Chas Briscoe</i>			Father's Birthplace <i>MD</i>		
	Mother's Maiden Name <i>Henrietta Robinson</i>			Mother's Birthplace <i>W. Va</i>		
Name of person giving information <i>Henrietta Robinson</i>			How related to deceased <i>Mother</i>			
<b>CAUSES OF DEATH</b>						
PHYSICIAN OR CORONER	Primary <i>Spasms</i>			How long <i>71</i>		
	Immediate <i>Spasms</i>			How long <i>1 wk</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>A K Briscoe</i>		
	Accident or Suicide?			Address <i>Hagerstown MD</i>		



Name in Full Elizabeth Schindler Roulette

CERTIFICATE OF DEATH

---

MARYLAND

Months	Days
3	22
Md.	

Date of death 190 3	Month Apr	Day 11
------------------------	--------------	-----------

Age	Years
	<u>          </u>

Months	Days
3	22

Color or Race *white*

Birth-place Mad.

Occupation Child

Father's Name Wm U. Roulette

Father's Birthplace *Ind.*

Mother's Birthplace

How related to deceased	father
-------------------------	--------

### CAUSES OF DEATH

How long 2 days

How long

Signature of Physician *E. J. McMahon*

Address *592 Madison*  
*St. Paul*

Accident or Suicide?

LIBRARY BUREAU A28518

PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Infant Child.

Died at

Reid

Town

County

Washington

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Apr 18

Age

0 0 1

Md

Male

White

MarriedWidowDivorcedFemaleColoredSingleWidowerNumber of children living

Husband

of

Wife

Father's

Name

Harry Rowland

Mother's

Maiden Name

Anna B. Hough

Cause of

Primary

Premature Birth

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

D. C. Miller M.D.

Address

McDon + Dixon, Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mr  
Sub Red

A. H. Bangman

Sub reg



Name in Full

Certificate of Death

Mary Shockey

Died at Ringgold Town Washington County MARYLAND

Date 1903 Apr 5 Y. 5 M. 5 D. Ringgold Native of Ringgold Occupation

Male White Married Widow Deceased

Female Colored Single Widow Number of children living

Husband of

Wife

Father's Name Amos Shockey Mother's Name Laura M. Barkdoll

Cause of Primary

Death Immediate

How long sick

5 daysAccident, Suicide, Homicide

Reported by

Address

Wm. L. Sheiss

Leitersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in  
Full

## CERTIFICATE OF DEATH

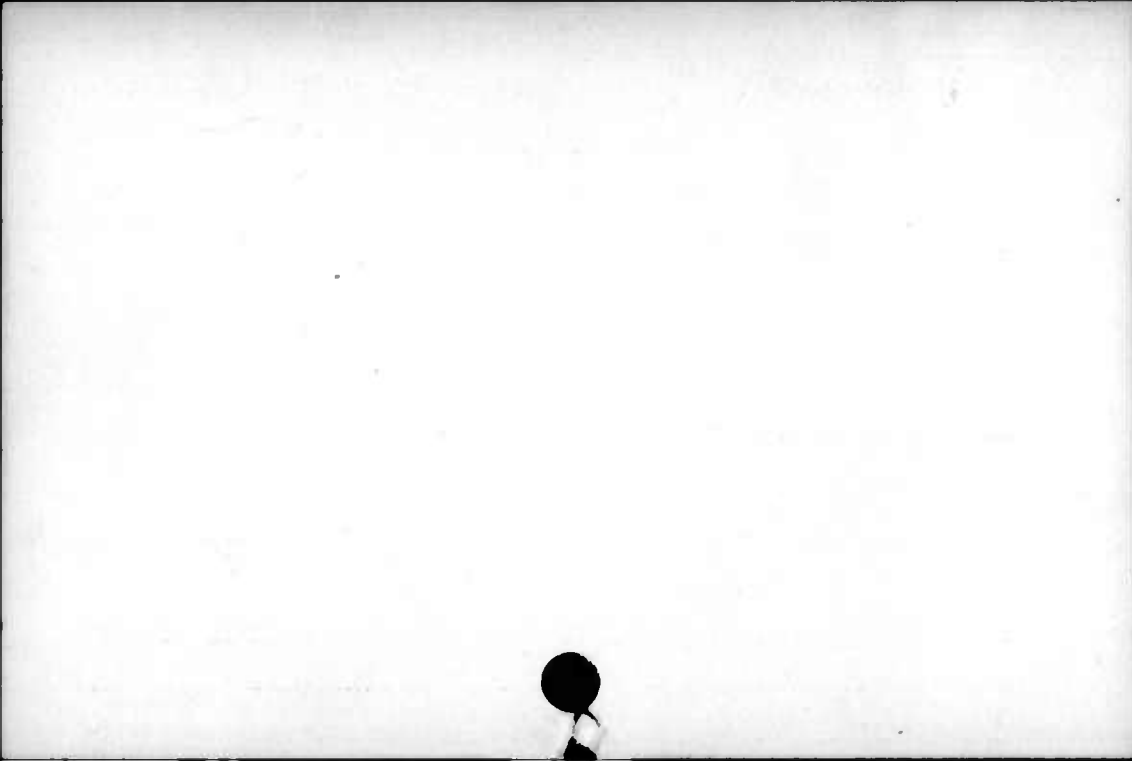
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup> <i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 190 <sup>3</sup>	<sup>Month</sup> <i>4</i>	<sup>Day</sup> <i>12</i>	<sup>Years</sup> <i>23</i>
		<sup>Months</sup> <i>9</i>	<sup>Days</sup> <i>12</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>	
Married, Single or Widowed <i>Single</i>	Occupation <i>Traveling Salesman</i>		
Name of Wife or Husband _____			
Father's Name <i>Almer D Spickler</i>		Father's Birthplace _____	
Mother's Maiden Name <i>Lillie M. Blair</i>		Mother's Birthplace _____	
Name of person giving information <i>Father</i>		How related to deceased _____	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>7 mo</i>
Immediate <i>Exhaustion</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yn</i>	Signature of Physician <i>E. L. Wankam</i>
	Address <i>Hagerstown</i>
Accident or Suicide? _____	



Name  
in  
Full

CERTIFICATE OF DEATH

*Sprinkle*  
County  
*Washington*

MARYLAND

Died at *Hagerstown* Town

Date of death 190 *3* Month *Apr.*

Day *17*

Age *7* Years

Months

Days

Sex *Female*

Color or Race

*white*

Birth-place

*Hagerstown Md*

Married, Single or Widowed

*—*

Occupation

*—*

Name of Wife or Husband

*—*

Father's Name

*Alvin E Sprinkle*

Father's Birthplace

*W Va*

Mother's Maiden Name

Mother's Birthplace

*W Va.*

Name of person giving information

*Alvin E Sprinkle*

How related to deceased

*Father*

CAUSES OF DEATH

Primary

*Premature birth*

How long

*15* *—*

Immediate

*Exhaustion*

How long

*—*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*M B Morrison*

Address

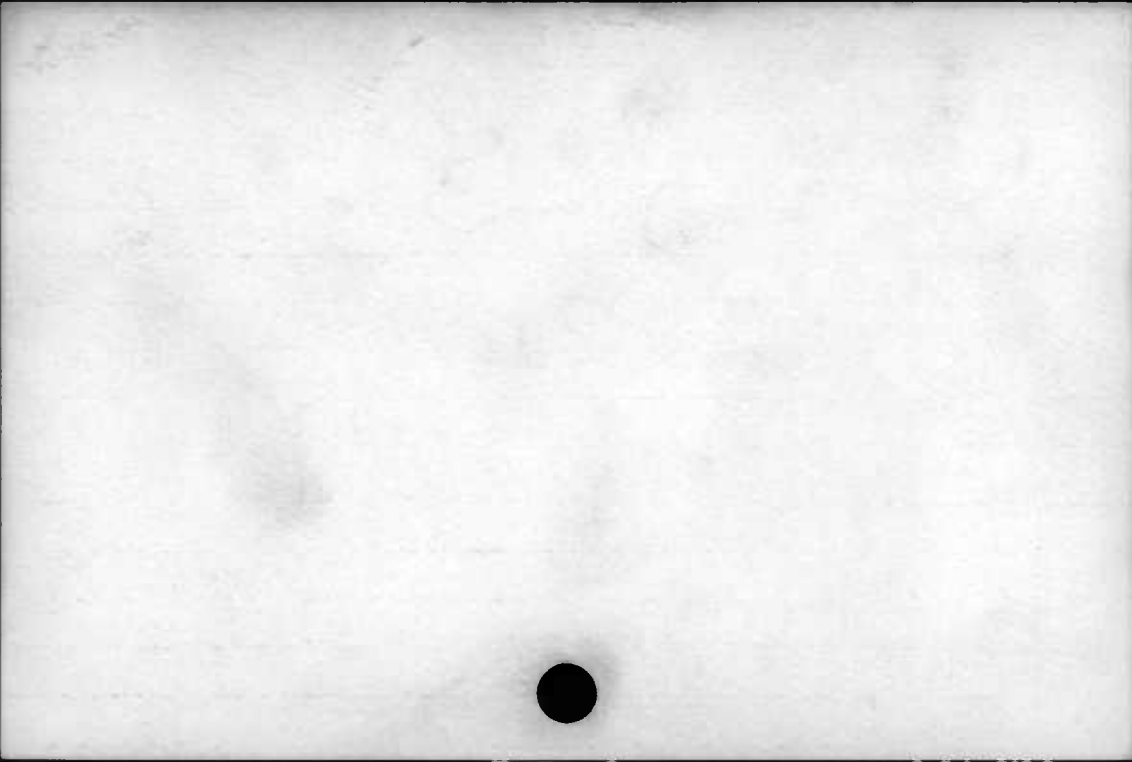
*Hagerstown Md.*

Accident or Suicide?

*no*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

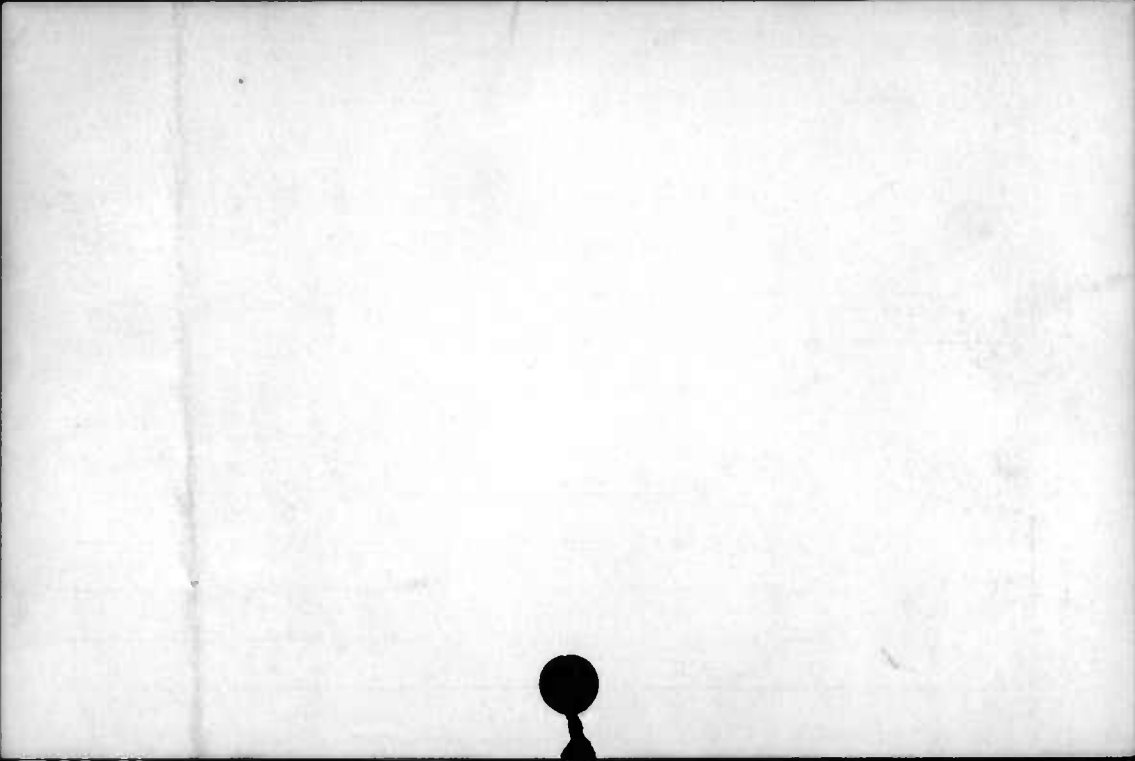
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Daniel R. Startzman</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>4</i>		Day <i>26</i>		Years <i>5-0</i>	
Date of death 190 <i>3</i>		Months <i>4</i>		Days <i>26</i>		Age <i>5-0</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Sawyer in Factory</i>					
Name of Wife or Husband <i>Lilly Startzman</i>							
Father's Name <i>Martin L. Startzman</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Betty Watkins</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Thy</i>		How related to deceased <i>Thy</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>27</i>	
Immediate <i>27</i>		How long <i>27</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. P. Hartman</i>	
<i>Filed 5-2-1903</i>		Address <i>Hagerstown</i>	
Accident or Suicide?		<i>MD</i>	





Catharine Stepher

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Leitersburg Washington

Age

76 7 11

Pa. Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

9

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Solomon Stepher

Peter Oler

Lucy Helman

Cause of

Primary

Pulmonary consumption 17 years

How long sick

Death

Immediate

General debility 27

Accident, Suicide, Homicide

Reported by

J. H. Wiskard M.D.

Address

Leitersburg Washington (D.C.)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Garver Stepten

Town

County

Died at

MARYLAND

Date 19

03

Month

4

Day

23

Y.

M.

D.

Age

70

10

4

Native of

Md

Occupation

HOUSE wife

Male

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

14 mo

Accident, Suicide, Homicide

Reported by

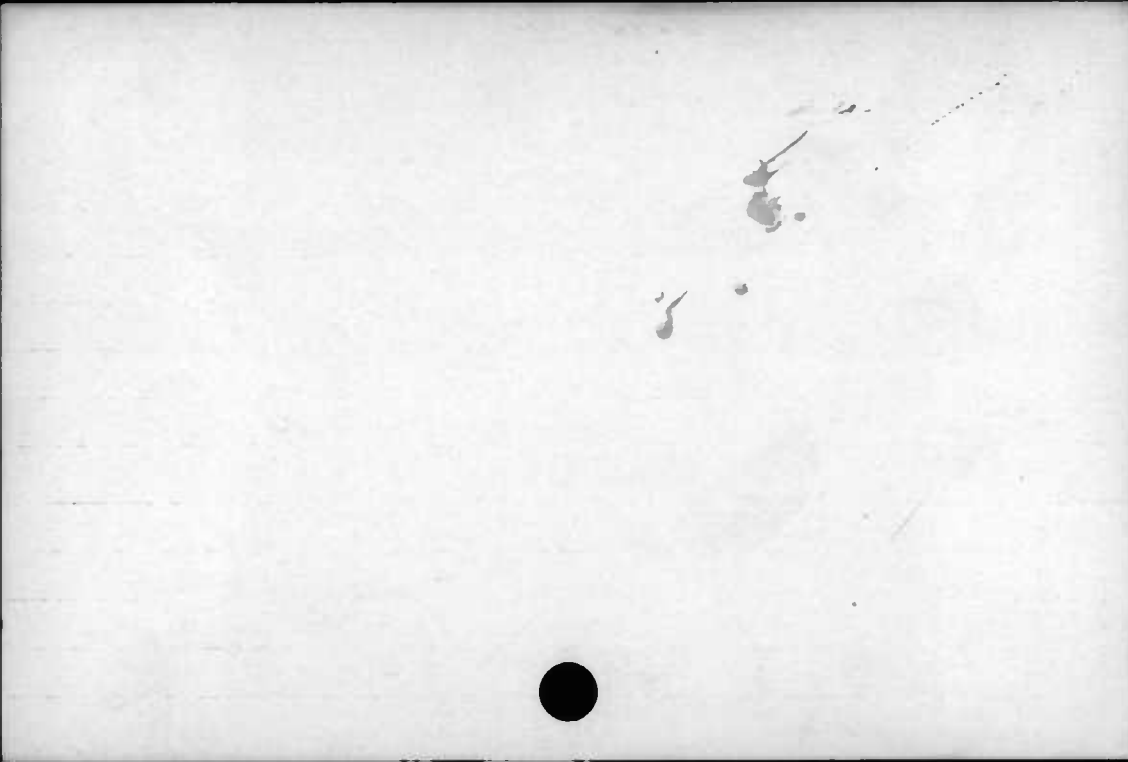
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Name in Full		Raleigh F. <del>Thompson</del> Stickley				CERTIFICATE OF DEATH	
		Town Hagerstown Md		County		MARYLAND	
Died at		Date of death 1903		Month April		Day 7	
		Age		Years		Months	
		Sex		Color or Race		Birth- place	
		Married, Single or Widowed		Occupation			
		Name of Wife or Husband					
		Father's Name				Father's Birthplace	
		Mother's Maiden Name				Mother's Birthplace	
		Name of person giving Information				How related to deceased	
CAUSES OF DEATH							
Primary		Broncho-Pneumonia.				How long	
Immediate		Exhaustion				How long	
Are the name, age, sex, color, date and place correctly given above?		yrs		Signature of Physician		Address	
Accident or Suicide?		—		Victor D. Miller		Hagerstown Md.	



Name  
in  
Full

## CERTIFICATE OF DEATH

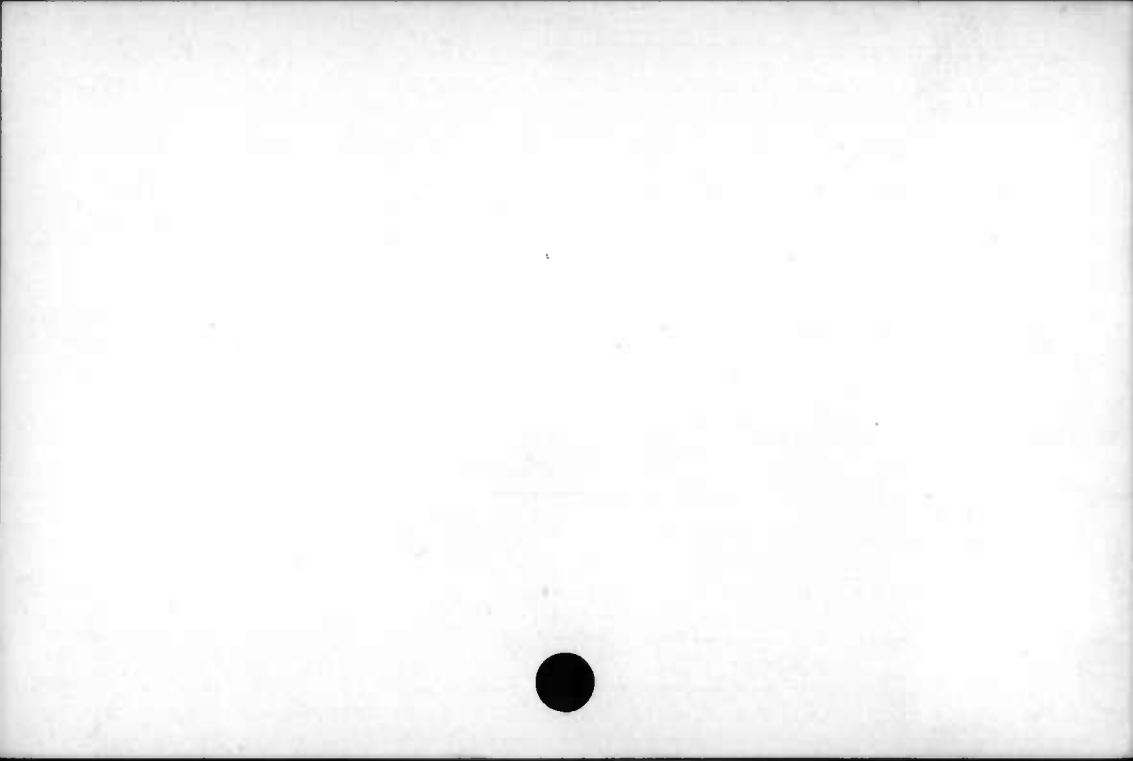
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Leah Stone</b>		Town <b>new Brunswick</b>		County <b>Washington</b>		State <b>MARYLAND</b>	
Died at <b>new Brunswick</b>		Month <b>Apr.</b>		Day <b>27</b>		Age <b>84</b>	
Date of death 19 <b>23</b>		Years <b>4</b>		Months <b>4</b>		Days <b>4</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>and</b>			
Married, Single or Widowed <b>Widow</b>		Occupation <b>Housewife</b>					
Name of Wife or Husband <b>Benjamin Stone</b>							
Father's Name <b>John Krutz</b>		Father's Birthplace <b>and</b>					
Mother's Maiden Name <b>and known</b>		Mother's Birthplace <b>and</b>					
Name of person giving information <b>Allean Stone</b>		How related to deceased <b>Son</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>General Debility</b>		How long <b>15</b>	
Immediate <b>yes</b>		How long <b>15</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>J. S. Davis</b>	
		Address <b>Born born and</b>	
Accident or Suicide?			





Name in Full <b>Perky. E. Swigert</b>		CERTIFICATE OF DEATH	
Died at <b>Corbett</b> Town		<b>Washington</b> County	
Date of death 1903 <b>April</b> Month <b>Thursday</b> Day		Age <b>6</b> Years <b>9</b> Months <b>1</b> Days	
Sex <b>Male</b>		Color or Race <b>White</b>	
Married, Single or Widowed <b>Single</b>		Birth-place <b>Franklin Pa</b>	
Name of Wife or Husband		Occupation	
Father's Name <b>David A. Swigert</b>		Father's Birthplace <b>Franklin Pa</b>	
Mother's Maiden Name <b>Emma Wandron</b>		Mother's Birthplace <b>Franklin Pa</b>	
Name of person giving information <b>Father</b>		How related to deceased <b>Mother</b>	

CAUSES OF DEATH	
Primary	<b>Inflammatory Rheumatism. Three weeks.</b>
Immediate	<b>47</b>
Are the name, age, sex, color, date and place correctly given above?	<b>yes</b>
Signature of Physician	<b>W. S. Herman</b>
Address	<b>Wagontown Ind</b>
Accident or Suicide?	

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name In Full

Certificate of Death

Eleanor Catherine Thomas.

Town

County

MARYLAND

Died at

Hancock

Hatch

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03 . 4 . 27

Age

71 5-14

Md.

Farmer.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Kelley Thomas

Mother's

Maiden Name

Jane Hunter

Cause of

Primary

How long sick

Death

Immediate

Dysentery

60

Accident, Suicide, Homicide

Reported by

J. E. Higgins

Address

Hancock

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Ms. Sarah E. Valentine

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
3		April	10	6	6	2	7
Sex	female	Color or Race	white	Birth-place	Md.		
Married, Single or Widowed	married		Occupation	Housewife			
Name of Wife or Husband	Sylvester Valentine						
Father's Name	Joseph W. Turner				Father's Birthplace	Md.	
Mother's Maiden Name	Annie C. Eigenbrodt				Mother's Birthplace	"	
Name of person giving information	Sylvester Valentine				How related to deceased	husband	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Carcinoma of Stomach	How long	6 mo
Immediate	Starvation	How long	2 mo
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wm. Preston Miller
		Address	Hagerstown Md.
<del>Accident or Suicide?</del>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Lillian D. Willman*

Died at *Hagerstown* Town *Washington* County

Date of death 1903 *4* Month *18* Day *37* Age *5* Years *8* Months *—* Days

Sex *Female* Color or Race *White* Birth-place *Pa*

Married, Single or Widowed *Married* Occupation *Housewife*

Name of ~~Wife or~~ Husband *John E. H. Willman*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *J. Willman* How related to deceased *Husband*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis* How long *(?) —*

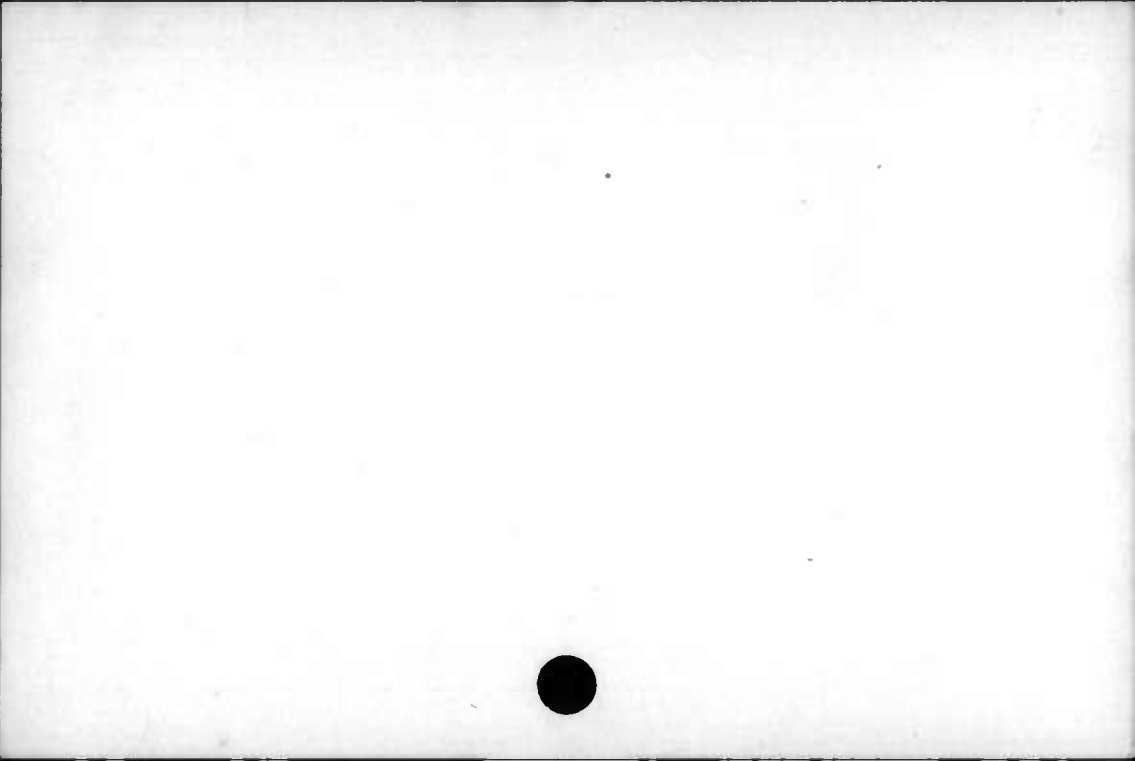
Immediate *Exhaustion* How long *2 months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Victor D. Miller, Jr.*

Address *Hagerstown Md*

Accident or Suicide? *—*





Name  
in  
Full

Ninnie V. Wintermyer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sharpsburg</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death 190	<i>3</i>	Month	<i>Apr.</i>	Day	<i>6</i>	Age	<i>10</i>	Years	<i>7</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Point of Rocks, Md.</i>		Months		<i>3</i> Days	
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name <i>Thos. Wintermyer</i>					Father's Birthplace <i>Hagerstown</i>				
Mother's Maiden Name <i>Georgia Fox</i>					Mother's Birthplace <i>Sharpsburg</i>				
Name of person giving information <i>Thos. Wintermyer</i>					How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>A burn</i>	How long	<i>167</i>
Immediate	<i>Renal &amp; Intestinal</i>	How long	<i>42 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. H. [illegible]</i>	
		Address <i>Sharpsburg, Md.</i>	
Accident or Suicide?			

Chas. S. Wade  
Undertaker

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mr Margaret E Zeigler</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>4</i>		Day <i>2</i>		Years <i>76</i>	
Date of death 190 <i>3</i>		Month <i>4</i>		Day <i>2</i>		Age <i>76</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>2</i>	
Married, Single or Widowed <i>Widow</i>		Occupation <i></i>		Days <i>7</i>			
Name of Wife or Husband <i>Charles Zeigler</i>		Father's Name <i>John Barnhart</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Sarah Garver</i>		Mother's Birthplace <i>Md</i>		How related to deceased <i>Son</i>			
Name of person giving information <i>Evel Zeigler</i>							

## CAUSES OF DEATH

Primary <i>Overexertion</i>	How long <i>15 min</i>
Immediate <i>Heart Failure</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. E. Murray MD</i>
	Address <i></i>
Accident or Suicide? <i></i>	

PHYSICIAN  
OR CORONER

